STATE OF MARYLAND FOR 79-02326 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) PNC 3 SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) YEAR BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Maryland rince lo carelo DIVORCED [10 CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR hobo Housewife pital Home BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION P.G. Camp Springs Is INSI 13d INSIDE CITY LIMITS? 5313 Manchester Drive Maryland 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Albert Bagelmann Shipley Pearl M. 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) 577-16-4116 Carol B. Payette Same as #13 a-e. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (a) INTRACTABLE CONGESTIVE HEART FAILURE Weeks DUE TO, OR AS A CONSEQUENCE OF b) Severe atherosclerotic coronary heart Conditions, if ony, which gove rise to immediate disease couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last O Diabetes# mellitus PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION uremia, myxedema, chronic and recurrent cholecystitis 20b. IF YES, WERE FINDINGS USED 9a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOK YES [21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK Dec.9 Jan 22a. | certify that (1) (this hospital) attended the deceased from. sow the deceased olive on Jan 14 above, (I) (we) (did) (did not) view the body after death .19 79, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING MEDICAL FUNERAL M.D. PHYSICIAN TO DIRECTOR PHYSICIAN Jan. 14 1979 should be de with the Stat 22e ADDRESS7 900 22d PHYSICIAN'S NAME (TYPE OF PRINT OLD BRANCH AVE. PETER W.YIM M.D. CLINTON, MARYLAND 20735 0 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23g BURIAL CREMATION REMOVAL Cedar Hill Cemetery Suitland Md. mmundee Funeral Home, Inc 250. DATE REC'D. BY REGISTRAN 256. REGISTBAR'S SIGNATURE DHMH - 16 60M 1/75 Alexander Ferry Rd. Clinton, Md. (VR A 15 (4))

133.00 . . A 233 Ann Tree II buryland 1.6. Curp Surings x 5313 amplester brive VOI DETE I recall the manufactual T I wasif. TTT-11-115 Corol F. Darotte and as william Drest district and administration of the best bearing E35500-1 SETER GRIAVALM, NOTESTO .IM. . J. I bruither eventage and I.C. MI. Est that is engine love d. Olinton, inc.

STATE OF MARYLAND FOR **DEPARTMENT OF HEALTH AND MENTAL HYGIENS** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH 75 HOUR (TYPE OR PRINT) ESTI-DEATH MATED 1079 4. RAGE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) MONTHS PRONOUNCED DEAD To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) PRINCE GEORGES Virginia USA WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 17b. KIND OF BUSINESS OR INDUSTRY Prince Geo Hospital FOR MOST OF WORKING LIFE)
HOUST Keeper Hyattsville USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATEM d. 113b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS BALTIMORE, MD. 2120 PG YES La NO . Hvatts 6923 Emerson St 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLI LAST Alex Witt Cynthia Lawson 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 66 SOCIAL SECURITY NO. 34 3086 225 Dennis Hall (Son) Same as above CAUSE OF DEATH (Enter only one cause per me far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2018 Selevatro dardes Vascular dese PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 200 HER SIGNIEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 4 mellitus CERTIFICATION OF HEA 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DEPARTMENT OF PRIOR TO BURIAL, YES | NO [] 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21e. PLACE OF INJURY (AT HOME. 211. LOCATION 21d. INJURY OCCURRED ARDED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORN
TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE SI
BATTMORE, MARYLAND, 21 22a. I certify that I taak charge of the remains described above, held on Autopsy Inspection Inquiry and in my apinian Natural causes Suicide Hamicide L Undetermined manner TITLE (SPECIFY) AUGUSTO P. ACTUAL Jan. 1979 Deputy DATE SIGNATURE Willow Wind Circle EXAMINER'S NAME Augusto P. Rodriguez Tantallon . Md 20022 TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Buria1 COUNTY STATE 1/17/79 Ft. Linc. Cemetery Brentwood PG Md 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGIS RAR'S SIGNATURE DHMH - 17 Hines/Rinaldi F.H. 11800 N.H. Ave. Silver Eighton McCready (VR A15 ME (5)) Spring 15M 7/77

STATE OF MARYLAND

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poge 3		CEASED NAME OR PRINT)	FIRST	,	MIDDLE	L	AST	20. DATE OF DE	ATH MONTH	DAY YEAR	2h HOUR
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M	3. SE	male	4 R	white		June	29 1899 ^{AR}	6 AGE (IN YEARS		F UNDER I YEAR	HOURS MIN.
Ponce	7a. BI	RTHPLACE (STATE OR FORE DUNTRY) SSISSIPPI	EIGN 7h. (US A	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED		city <u>or</u> county e Georges		MD.
Solified	10 CI	ty or town of death Lanham	н 11.	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	Pr. Geo. Co.	Orps	CUPATION MOST OF WORKING UP Engineers	126. KIND (INDUSTRY U.S.	Governmen
ol edgine must be notif	USU/ 13a S	ALRESIDENCE (IF NURSING TATE	GHOME OR OTH 36 COUNTY Pro Ge	orges	GIVE RESIDENCE BEFORE College	N	13d. INSIDE CITY LIMITS?	13e. STREET ADD 4811	RESS Harvard	Road	
SO Mine	14. FA	THER'S NAME FIRST Rufas 1	L Hamm		LAST		15. MOTHER'S MAIDEN NA/ FIRST Mai		DS	LA	51
the medical			U.S. ARMED IF YES, GIVE WAI IF W 1		352 01 2		Ophelia E Ha	mmons	ADDRESS College	Park, l	Md
Then please remave carb to burial, cremotian, or injury, or ather froumatic	NOI		diote the lost.	(c)	R AS A CONSEQUE		Vacutar NOT RELATED TO THE TERM	Disease	card to	EN IN PART 1	01
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alth and Mente marked or Herr	MEDICAL	(IF EITHER, NOTIFY MEDICAL 21d, INJURY OCCURRE WHILE NOT WHILL AT WORK AT WORK	EXAMINER) D	P. 21e PLACE (AT HOME, STE	-	19 ARM, ETC.)	211 LOCATION STREET	CIT	Y OR TOWN	COUNTY	STATE
far use as af Health 21 is mar		22a I certify that (I) (t saw the deceased above, (I) (we) (dia	his hospital)		19		-1909, 19 and that in (my) (our) opinion of		1 1 1 1	ond from the	that (I) (we) last
uld be detached the State Dept. ORTANT: If Hem		226 SIGNATURE	CHU	UAN	-Su	m	- ITTOTCIAIT U	MEDICAL DIRECTOR	STAFF PHYSICIAN []	22¢ DATE	SIGNED
old be		CHIW- (AE (TYPE OR PRI	-M #	ISU		6905 BUH	Hmore	BLVDC	ollege	park
sho Wiff	(:	URIAL, CREMATION, RE		Jan 30			emetery or crematory ncoln Cemetery		ntwood Pr		
16 20M , 4) 7/78		. Gasch's	ons P	A Hya	attsville.	, Md.	250. DAT	JAN 31	STRAR 256. REGIST	RAR'S SIGNA	Ke Cready

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S I S I	14. FA	Md Pro ATHER'S NAME FIRST Frank Krasy	MIDDLE	Hyattsville		MOTHER'S MAIDEN	4009 Gal	DLE	Apt 207
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE I DECEASED NAME 2a DATE OF DEATH 2b. HOUR (TYPE OR PRINT) age 3 4 RACE 3 SEX & AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR IF LINDER 24 HRS DATE OF BIRTH MONTH MONTHS DAYS HOURS 1889 Sept. 89 White Female YRS BALTIMORE CITY OR COUNTY OF DEATH 7n. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince George U.S.A. Georgia WIDOWED DIVORCED [II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12. USUAL OCCUPATION 12h KIND OF BUSINESS OR Greenbelt Convalesent Cen. Seamstress Millinery Greenbelt þ c eq USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13103 Imperial Ct. Maryland P.G. Co. Laurel NO P YES [4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST Hullda MIDDLE Highnote Lawhorn Oscar Stevens Forest 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 253-01-7482 Edward W. Haralson Columbia, Md.21045 No. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate (o), stating Thecer underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(9) CERTIFICATION 20a AUTOPSY? 70h. IF YES, WERE FINDINGS LISED. 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES T NO [1-tronsit p sho 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21f LOCATION 210 PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK AT WORK 22e.1 certify that (1) (this haspital) attended the deceased from and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated obove (I) we did did not) view the body ofter death 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTAN ould be 220 ADDRESS 224 PHYSICIAN'S NAME (TYPE OF PRINT) 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 234. LOCATION 23b. DATE Burial CITY OR TOWN Geo'f'gia Atanhaa Cemeterv Westview Fultor 25a. DATE REC'D. BY REGISTRAR 25b. RECLISTRAN FLECK TAUREL FUNERAL HOME, INC. **DHMH-16 20M** 7601 Sandy Spring Rd. Laurel, Md. 20810 (VRA 15, 4) 7/7B

STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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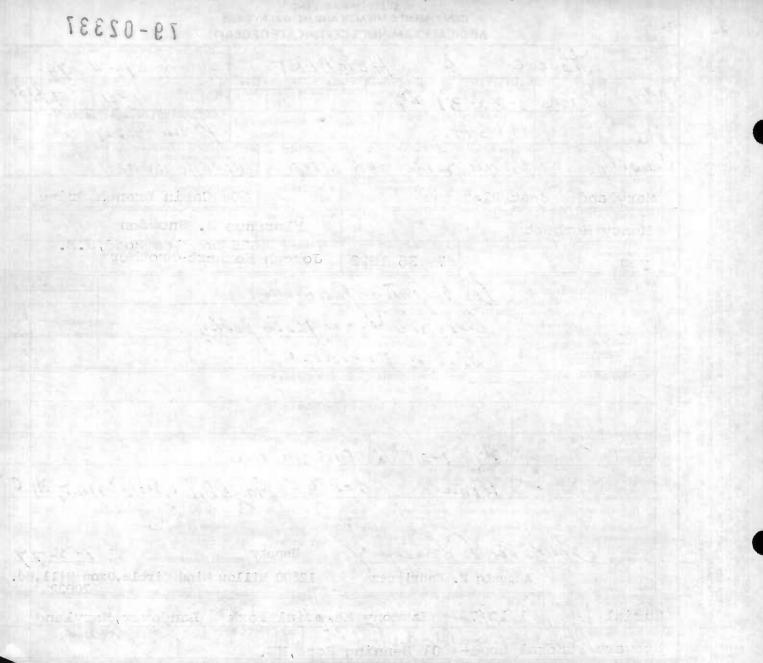
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN MONTH 2b. HOUR (TYPE OR PRINT) oscore DEATH MATED 6. AGE LIN YEARS 5 DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR PRONOUNCED DEAD TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED FILED, 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY nelled by REHOUSE MI BE USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 604 Cabin Branch Drive Seat Pleasant 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland VITAL 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Henry Herbert LAST Florence E. Showden 1 AND FORM NFORMANT 2625 Doug Less SRoad, S.E. Joseph Herbert-brother 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 579 36 1822 yes APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Welson Orice IMMEDIATE CAUSE DUE TO BURIAL-TRANSIT Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, NO [E 3 SHOULD BE E DEPARTMENT C PRIOR TO BURIA BE WRITING TO IT. 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) TOUR AM MONTH DAY OR UNDERLYING MEDICAL Oral CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED FACTORY, FARM, ETC.) AT WORK NOT WHILE DIRECTOR: PAGE, WITH THE STATE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Suicide 2 death resulted fram: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Deputy MEDICAL EXAMINER GE 4 SHOUNDER IN TERMINER OF THE CONTRACT OF T SIGNATURE LTIMORE, 12800 Willow Wind Circle, Oxon Hill, Md. Augusto P . Rodriguez EXAMINER'S NAME TYPE OR PRINT ADDRESS 230 BURIAL, CREMATION, REMOVAL 236, DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Harmony Memorial Park Landover, Maryland DATE REC'D. BY REGISTRAR 255 REGISTRAP & SICHATURE 24. FUNERAL DIRECTOR **DHMH-17** Stewart Home-4001 Benning Road, NE. (VR A15 ME (5)) Funeral 15M 7/77



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME WIOOFE 2a. DATE OF DEATH 2b HOUR (TYPE OR PRINT) PAUL FREDERICK **HOFFMAN** 01 31 79 05 P.M. 6 AGE LIN YEARS LAST BIRTHDAY) 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR TOP XX 12XXX 06XXX 71 XXX Male Caucasian To. BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Illimois Prince Georges U.S.A. WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IR CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12b KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET AODRESS. (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Clinton SOUTHERN MARYLAND HOSPITAL CENTER Electrician MARYLAND 21201 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY 13e STREET ADDRESS 13c CITY OR TOWN 1)3d INSIDECITY LIMITS? Md. Fr. Geo. Marlow Hts. 4675 Dallas Place 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIODLE FIRST MIDDLE unk. unk. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b SOCIAL SECURITY NO (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Joan Grillo Yes WW b64-10-7990 (Daughter) 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. IMMEDIATE CAUSE (a) ACUTE AND MASSIVE MYOCARDIAL INFARCTIONS DAYS. DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which SEVERE ATHEROSCLEROTIC CORONARY HEART DISEASE YEARS gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost YEARS DIABETES MELLITUS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Refractory cardiogenic shock. congestive heart failure with pulmonary edema. 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOX YES [ento! Hygi 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL HE EITHER, NOTIFY MEDICAL EXAMINER P.M 19 2)f LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE AT WORK 30 19.79 to Jan 1079 220.1 certify that (I) (this hospital) attended the deceased from Jan. 31 January sow the deceased alive on_ , and that in (my) (our) apinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE 22c. DATE SIGNED DEGREE 1000 ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Jan.31'79 should be deto with the Store 22d. PHYSICIAN'S NAME TYPE ORPRIN 22e ADDRESS 7900 OLD BRANCH AVE. SUITE 101 PETER W.YIM M.D. CLINTON MARYLAND 20735 23d LOCATION 23g BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY STATE 2/3/79 Clifton, New Jersey Crest Haven Mem. Pk. Burial 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 Union City, New Jersey Leber -Schlemm (VRA 15 (4))

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Nalley's F.H. Inc.

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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page 3

FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-02341

		CEASED NAME	FIRST		MIDDLE	HOLDE	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
Н			JOHN	1		K KAK	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			07	00 70	7 - 25 PM
1	3 SEX	(4 RACE	100 20 80	5 DATE C	OF BIRTH	YEAR	6 AGE (IN YEARS LAST BIRT	HDAY)	THE WALLEN E YARAN	IF UNDER 23 HR!
	M	MALE	1134	BLACK		4	- 26 -	21	57	YRS.	MONTHS DAYS	HOURS MIN
	70 BIF	RTHPLACE (STATE OR FORE	EIGN	Th CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARE	PIED	BALTIMORE CITY O	R COUNT	Y OF DEATH	
7		HINGTON, D	C.	U. S.	A.	WIDOWE			PRINCE G	FORC	EIS COI	INTY MD.
	10 CT	TY OR TOWN OF DEAT	н		HOSPITAL, NURSIN		OR OTHER INSTITUT		120 USUAL OCCUPATE	ON	126 KIND O	
4		HEVERLY		PRIN			HOSPITA		TRUCK DRI		IINDUSTRT	
1	USUA 130. S	AL RESIDENCE (IF NURSINITATE	36 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY L		13e STREET ADDRESS			
9	MA	RYLAND	P.	G.	COLMAR		YESX NO		3605 43rd	AVE		
	14. FA	THER'S NAME	N	NIDDLE	LAST		15 MOTHER'S MA	IDEN NAM	E MIDDLE		LAS	1
4		CLAUDE HOL	BROOK					DOLLY	GRANT	711		
	16a W	VAS DECEASED EVER IN		AED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	W	IFE ADDRE	SS		4 C L L L L
		NO			579, 16	4509	ANNIE M	ME HO	LBROOK (SAME	AS ABOV	E)
		18 CAUSE OF DEATH	(Enter onl	y one couse per	line for o , lbk one	die	/	1	1000 1	01	APPROXI BETWEEN	MATE INTERVAL DISET AND DEATH
		PART I. DEATH WAS		E CAUSE (a)	4n/ra	Un	anjac	1 46	ONI OF SIL	age		
1		421-		DUE TO O	R AS A CONSEQUE	NCE OF				0		
П		Conditions, if ony,	which	(ib)								
П		gove rise to imme		DUE TO O	R AS A CONSEQUE	NCE OF						
1		underlying couse	lost	(6)								
		PART 2 OTHER SIGNI	FICANTO	ONDITIONS CO	ONTRIBUTING TO	EATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE OR CON	DITIONG	IVEN IN PART 110	3
	CERTIFICATION											
	CA	190 DATE OF OPERATIO	ON	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORME	D	200 AUTOPSY?		ES, WERE FINDIN	
	RTIF								YES NO		ES 🗌	№ □
9		210. ACCIDENT WAS UNDER		216. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY	Y OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18.	PART 1 OR PART 2)	
£	CAL	(IF EITHER, NOTIFY MEDICAL			M.	19					CAS	
П	MEDICAL	21d. INJURY OCCURRE	//	21e PLACE	OF INJURY REST. FACTORY, OFFICE, F.	ARM. ETC.)	211 LOCATION STREET		CITY OR TOW	٧N	COUNTY	STATE
Н	2	AT WORK AT WORK		/					MESTS.		11,440	
9		22 Nertify that (1) (7		ol) ottended th	e deceased from_	1.	6 19	9 709	_, to	01	19 79	that (I) (we) last
		sow the deceased obove, (I) (we) did		view the body	ter death 19_	79. 91	nd that in (my) (our)) opinion de	eath occurred on the do	te and ho	our and from the	couses stated
		226. SIGNATURE	A.A	1/14/-)		DEGREE		/		22c. DATE	SIGNED
9		i /cht		1071				DING H	MEDICAL STAF	IAN	1-,	10-79
		22d. PHYSICIAN'S NAM	-	. 1/			22e ADDRESS					
		RISHPALS	TINGH	MD".			4/00 AU	IH PL.	. #200 CAMF	SPR	INGS MD.	20023
	23a. B	URIAL, CREMATION, RE	EMOVAL	236 DATE	23c N	IAME OF C	EMETERY OR CREM	MATORY	23d. LOCATION CITY OR TOWN		COUNTY WIT	STATE
	(2	BURIAL		1 - 12	5 - 79 HA	RMONY	MEM. PAR	K	7601 SHEP	RIFF		ÖVER
	24. FU	INERAL DIRECTOR					Da	250. DATE	REC'D. BY REGISTRAR	25b. REGIS	TRAR'S SIGNAT	URE
		JAMES	1, 2	SUTTO	N-5635	EADS	St.N.E	JAN	1 2 1979	tis	istray Ma	ready

DHMH - 16 60M 1/75 (VR A 15 (4))

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. TA Jack Tobe						
	TRIAT				OS STORY	
	ION SEE STE		181 181			125

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME MIDDLE 20. DATE KNOWN [X] 2h HOUR (TYPE OR PRINT) ESTI-DEATH MATED DIRECTOR.
OUR FILES.
72 HOURS
ON STREET, FANNIE MAXINE HOLLY 19 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. 4 RACE IF UNDER 24 HRS. 3. SEX DATE 8:12° PRONOUNCED 10 79 DEAD female negro 70. BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince George's County DIVORCED B. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK Prince George's Gen. Hosp. Cheverly DOA USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONI 1130 CITY OR TOWN 13d. INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME LAST MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Gunshot wound of chest HYGIENE, IMMEDIATE CAUSE (o). A BURIAL TRANSIT PEI AND MENTAL HYGIE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. SED AS A BUR HEALTH AND CREMATION, O PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [0]. CATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 0 YES XX NO T BURIAL 3 SHOULD BE DEPARTMENT C 216. TIME OF INJURY HOUR ATM. MONTH DAY YEAR 21n EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR 0 2:52P.M. 1-25-1979 Shot during argument. CONTRIBUTING CAUSE OF DEATH PRIOR 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME. 211. LOCATION WHILE AT WORK apartment Dodge Pk. Rd. Kentland, Prince George Md. EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORV
TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE SI
AFTER DEATH, WITH THE SI 220. I certify that I took charge of the remains described above, heldran Autopsy Inspection and in my apinion Hamicide X Nato al causes Undetermined manner death resulted from: Suicide TITLE (SPECIFY) ACTUAL Deputy Chiafical EXAMINER 1-26-79 SIGNATURE Thomas D. Smith, M.D. 111 Penn St. EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 230 BURTAL, CREMATION REMOVAL 230 DATE 23d LOCATION 236 NAME OF CEMETERY OR CREMATORY 24. FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 30M 7/73

STATE OF MARYLAND

KR Qual

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

or a market of the Lorent Market of the conemportre de la companya de Mandale de (02 30 398)

James C. Pescor, J. L.

	1						MARYLAND				
	11-	FOR STATE					H AND MENTAL H		70 0	2244	
6		REGISTRAR		MED		NER'S	CERTIFICATE C	F DEATH	RED NO.	2344	
		CEASED NAME	FIRST		MIDDLE	4	LAST	20. DATE OF		ONTH DAY YEAR 2	b. HOUR
74475E	1	U	IIma	M	- 150	1011	19-ton		MATED	1-13 1979	A
STREET	3 SE	4. RACI	E 5 D	ATE OF BIRTH	6. AGE (IN Y	EARS IF U	MOER 1 YR. IF UNDER			INTH DAY YEAR 2	2d HOUR
ZZZZZ	10	male Wil	lite "	13 -/8-	33 1/1	RS. MON	THS DAYS HOURS	MIN. PRONOUS		-13 79	3,774
AL LANGE		RTHPLACE (STATE OR		CITIZEN OF WH	AT COUNTRY!			9. B会LTIA	ORE CITY OR CO	OUNTY OF DEATH	M
NECESSARY FUNERAL DI 5 FOR YOUR 5, WITHIN 72 W PRESTON 1	a	REIGN COUNTRY) #759	DC	11.5	4.	WIDO	RIED NEVER MARRI		nee Tru	inges	MD
E. IF ANY DELAY IS NE. 2, AND 31'O'THE FUN. 3. RETAIN PAGE 5 F SHOULD BE FILED, ALL PECORDS, 301 WA.		ny or town of DEA heverly	- 1	(IF NOT IN SUCH FAC	PITAL, NURSING HOM			12a. USUAL OCCU	PATION (TYPE OF W		NESS
DELA N P P P P P P P P P P P P P P P P P P P					eorge Gen.			decret	ary-cath	olic Chariti	169-
SOULD SOULD SOULD		AL RESIDENCE (IF IN NUR	RSING HOME OR OTH	IER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISS 113c. CITY OR TOWN.	ION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRE	SS		
FECOLIA		Md.	Pr.Ge	0.	Hyattsvi.	lle	YES NO		Frederic	k Court	
EATH. III. 2. P.M. 3.	14. F.	ATHER'S NAME	AAIF	DDLE	LAST		15. MOTHER'S MAIDE	NNAME	AIDDLE	LAST	
DEATH DEATH	1	John	MILL		Cotter		Tenni		S	mith	1
ORAGORA OLO	16a. \	VAS DECEASED EVER	IN U.S. ARMED	FORCES?	166. SOCIAL SECURI	Y NO.	17. INFORMANT		ADDRESS		
T., BALTIMORE, MD. 2 IOURS AFTER DEATH. II 18. GIVE PAGES 1, 2, 3. WITH FORM PM. 3. MIT. PAGES 1 AND 2 S E. DIVISION OFWITH	(1	ES, NO, OLUNKNOWN)	(IF YES, GIVE WAR C	OR DATES)	577-44-29	53	Charles W.1	Howington	- above	address	
ST., BA HOURS A 18. G VG WIT PAMIT. PA		18 CAUSE OF DEAT	H (Enter only on	e couse per liped	for (o), (b), and (c).)	of en	(H	usband)		APPROXIMATE IN BETWEEN ONSET AN	TERVAL
v ⊤ ≤ ž ≳ Z	1	PART I DEATH W	'AS CAUSED BY: IMMEDIATE CA	11	SPhyX1	a				DETWEEN CHOSET AT	AD DEATH
A LON		5609	, moneonate ca	DUE TO, OR	ASA CONSEQUENCE	OF			Constitution	A President	
PRESTON VITHIN 24 CIL IN ITE NER ALOI ANSIT PER AOVAL.		Conditions, if a		1	ras Fric	12:	Spiratu	21			
OT W. PRES UTED WITH N PENCIL EXAMINES RELARINES ARENTAL OR REMOV		gave rise to couse (a) stating		DUE TO, OR	AS A CONSEQUENCE	OF .	16.				
L RECORDS, 301 W. PREST ULD BE EXECUTED WITHIN "PENDING" IN PENCIL IN IF MEDICAL EXAMINER A SED AS A BURIAL-TRANSIT HEALTH AND MENIAL-TRANSIT CREMATION, OR REMOVAL		lying cause last.	The second	10 /1	tistm	if.	Obstruci	Freeze			
EXEC LGAL ICAL A BUI		PART 2 OTHER SIGNIFICANT	T CONDITIONS CONTR	RIBUTING TO DEATH BE	UT NOT RELATED TO THE TERM	AINAL OISEA	SE OR CONDITION GIVEN IN PA	RT L ₂ (g).			
F VITAL RECORDS, TE SHOULD BE EXE, WORD "PENDING" TE CHIEF MEDICA TO FIE USED AS A BI THY OF HEATH AN URIAL, CREMATION	Z	Long	Tre CI	irrhe	ses. as	101	t15 . U	terme (TOVEIN	oma.	
REA HEA	¥	19a. DATE OF OPERA			ON FOR WHICH OPE					20. AUTOPSY?	
▼ SOLIDE	FF.									YES 🗆	NO 🗌
OF VITA OF VITA CHANGE	H	210 EXTERNAL CAUS	SEWAS	21b. TIME OF		21c. H	OW INJURY OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1		140 🗓
PNO THE THE TO TO TO TO TO TO TO TO TO TO TO TO TO	ALC	UNDERLYING CONTRIBUTING	OR DE DEAT		MONTH DAY YEA	R					
DIVISION S CERTIFIC STING TH RDED TO E 3 SHOU E DEPART	MEDICAL CERTIFICATION	21d. INJURY OCCURR		H P.M. 21e. PLACE O	F INJURY (AT HOME,	21f. LC	CATION				
BIVISION OF VIT R. THIS CERTIFICATE SH RE, WRITING THE WOR RWARDED TO THE C RWARDED TO THE C STATE DEPARTMENT 21201 PRIOR TO BURIA	¥	WHILE NOT	WHILE _	STREET, FACTO	DRY, FARM, ETC.)	17	STREET	CITY OR TO	WN	COUNTY	STATE
E: THIS R: THIS RWAR RWAR STATE		AT WORK AT WE	ORK					5			
P. 2		22a. I certify that I	taok charge of t	the remains dosc	ribed obave, held on	Autor	osy L, Inspection	n LT, Inquiry	, ond in	my opinion	
MIN BENGTO		death resulted from:	: Natural ca	iuses 🗐,	Accident , S	vicide	, Homicide	Undetermined m	onner,		
EXA EER CER WILL ARY		ACTUAL	1	10	2		TUTE (SPECIFY)			- Hue	hos
HE H		SIGNATURE	ugus	CO 1-1	Locusia	1	A.D. Depuly	MEDICAL EXAM	AINER S	ATE IGNED // 4/	4
MORE DE	1	EXAMINER'S NAME	Lillenoi	n P	Parthech	42	12/1	AMAILAN	Wally	el Bank	4/1
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. A PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STYREAL MARYLAND, 212	73a B	(TYPE OR PRINT)	EMOVAL 224 D	ATE	23¢ NAME OF CE	MA COV	ADDRESS PO	23d LOCATION	Ind.	2003	
	(30.6	SPECIFY)	1	17/1979			om at any	Prontition	od Pr.Ge	Md. STATE	
BP	24. F	Burial UNERAL DIRECTORIA	7 Torric	TO U	0.0		250. DATE F	REC'D. BY REGISTRA	R 25b. REGISTO	R'S SIGNATURE	
(VR A15 ME (5))		NAME IVEL			Mt.Rainie	er, Mc	1.	JAN 22 19	79 Mis	gray / Hebrand	4
15M7/77				nc.							

13		11-	FOR STATE	DEPÁRTMENT OF HEALTH AND MENTAL HYGIENE 79-023	346
		1. DE	REGISTRAR EASED NAME FIRST	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 REG. NO.	DAY YEAR 75. HOUR
	S & S & F.	(TYP	EI10	MIDDLE JACKS JE 20. DATE KNOWN MONTH OF ESTI-	4 1974 M
		3. SEX	ale Black	5. DATE OF BIRTH MONTH DAY 10 -10 -13 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 26. DATE PRONOUNCED DEAD 1-24	DAY YEAR 24 HOUR
	ECESSA INERAL FOR YOUTHIN PREST		RTHPLACE (STATE OR LEIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNT	Y OF DEATH
	Z S M N O S	ID. CI	Y OR TOWN OF DEATH	II. NAME OF HOSPIFAL, NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK IN STUDY OF WORKING ME) 127. USUAL OCCUPATION (TYPE OF WORK IN STUDY OF WORKING ME)	2b. KIND OF BUSINESS OR INDUSTRY
	A D A H W	USUA	RESIDENCE (I IN NING HOME OR	4521 TINKATA THACE CHAUFFET	-
11201	RETAIN BECORDS	13a S		CE CTEO BATTOL HOTE YES NO 452 INMAT A	PLACE
WD.	PM 3 PM 3 ND 2 VITAL	H	THER'S NAME	MIDDLE A LASTE OF IS. MOTHER'S MAIDEN NAME MIDDLE P	LAST
MORE	FORM STAN	16a. V	AS CLEASED EVER IN U.S. ARM S. NO, OR HINKNOWN) (IF 145, GIVE W.	ED FORCES? 186. SOCIAL SECURITY NO. 17. INFORMANT APPROSESTOL	1/18/5
BALTI	RS AF GWE WITH PAGE	VH	v corp west	a war 11, 577-24-0531 ELMPN Acks 7/2	JAACIEP APPROXIMATE INTERVAL
4 ST.,	NE NG LO		PART I DEATH WAS CAUSED IMMEDIATE		BETWEEN ONSET AND DEATH
ESTO	HIN 24 IN ITER R ALOI SIT PER HYGIE		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	
W. PR	PENCIL IN AMINER A F-TRANSIT ENTAL HY REMOVAL		gove rise to immediate couse (a) stating the under-	(b)	
, 301	m * × 7 × 8		lying couse last.	(c)	
CORDS	BE EX IDING IDING IEDIC NS A ITH A	NO	Errace Fres	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART, 1 (a).	
AL REC	HOULD RD "PEN CHIEF M CHIEF M OF HEAD AL, CREW	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	2D AUTOPSY?
FVIT	WORL WORL HE CHECHECHECHECHECHECHECHECHECHECHECHECHEC	ERTIF	21a EXTERNAL CAUSE WAS	21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART) OR PAR	YES NO
ONO	TIFICA THE TO T HOULI		UNDERLYING OR CONTRIBUTING CAUSE OF DE		
DIVIS	WRITING THE WORD WRITING THE WORD WARDED TO THE CHE AGE 3 SHOULD BE US ATE DEPARTMENT OF SOI PRIOR TO BURIAL, CO	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 216. LOCATION STREET CITY OR TOWN COUNTY	NTY STATE
	ST ST	8		of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opi	กเล้ก
-	MIN BE TH T		death resulted from: Naturo	Couses Accident . Suicide . Homicide . Undetermined monner .	
	AL EXAL PRINCIPLE CER AL DIRINATH, WITH WITH CER AL DIRINATH, WITH WITH CER AL MARY		ACTUAL SIGNATURE SIGNATURE	to Coolingua M.D. Sopular MEDICAL EXAMINER SIGNED	1/24-79
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH BATTMORE, MA		EXAMINER'S NAME	TO PROPRIGUEZ ADDRESS 12800 Willow Wind Cir	cle, Oxon Ha
20	160	230.81	RIAL, CREMATION, REMOVAL 231	DATE 231. NAME OF CEMETERY OR CREMATORY 239 LOCATION COUNTY	No regity
	BP	1	NERALDIRECTOR /	THE ALLA HONG IS A PAGE TO A PROBLEM 1256 REGISTRAN SAN	GNATURE
	(VR A15 ME (5)) 15M 7/77	-	THITICKS	- William Island	- Cusay

79-02346 CASTOL HOTE HEET PURTIES PLACE CALLETINE The I Proceed to start Hit IX - Tops a limbord Plane ELITHE KONSTRUCTOR ST. LEELAND CHOSTOLISM HERE The section of the leading of the second of Comment of the state of the sta The hard the second sec - Home and the state of the state of the state of the state of

	1.	FOR STATE			DEPARTA		EALTH AND MENTAL HYG	IENE DO	T 177 Q	-1-23	4/
		REGISTRAR La	ast.	F	irst.	CERTIF	ICATE OF DEATH	DO.	G.NO.	ACIDS 213	
		EASED NAME 'A	1001		ALIBERTS.	ī	AST	20 DATE OF DEA	TH MONTH	DAY YEAR	2b HOUR
	(TYPE	JAC	KSON	Do	olly			Januar	y 15,	1979	12:40m
	3. SEX			RACE		S. DATE C		6. AGE (IN YEARS L		MONTHS DAY	
		Female		Wh		Ju	ne 2, 1916	62	YR	S	S HOURS MIN
0	7a. BIR	RTHPLACE (STATE OR FOREK		& CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9. BALTIMORE C	e-Geor	NTY OF DEATH	
5	-	Virginia		US		WIDOWE		FILIR	e-geot	Res	MD.
		TY OR TOWN OF DEATH					R OTHER INSTITUTION	12g USUAL OCC	JPATION	12b. KIND	OF BUSINESS OR
0		Hyattsville			Sacred He		Home	Cleric	al Wor	k	
4	13a. S	L RESIDENCE (IF NURSING	COUN		13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e. STREET ADDI	RESS		
1	Wa	sh. D. d.			D. C.	15.11	YES NO	Day	is Pla	ace, N.	W.
	14 FA	THER'S NAME		IDDIE	LAST		15 MOTHER'S MAIDEN NA	ME	DLE		
//		Ernest	, m	L.	Jackson	die	Elizabet	th Cath	erine	Smit	ĥ
2		AS DECEASED EVER IN I		AED FORCES?	166 SOCIAL SECU		17 INFORMANT		DDRESS		
7	1.	ES, NO ORUNKHOWN) (IF	120,0112		579-12-	5794	James Biel	aski, A	rling		
		18 CAUSE OF DEATH			Me for Wi, Ubi Jane	Licili		1 0		BETWEE	OXIMATE INTERVAL IN ONSET AND DEATH
1		PART I. DEATH WAS		BY: CAUSE (0)	Jc. Leel	luca	very met	versu			leute
		161112	74667777		RASA CONSEQUE	NCE OF	0				
		Canditions, if any, w	hich	100000		nceor	4 my hy	revu	_		
1		gove rise to immed	iote) (6)_	1	F	1 111	2	T-1-1		
		cause (a), stating underlying cause	last	DUE TO, O	PAS A CONSEQUE	NCE OF	1 Heart	duce	10		
		PART 2 OTHER SIGNIES	CANTO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN PART	1(a)
	Z										
	CERTIFICATION	19a DATE OF OPERATIO	N	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20s AUTOPSY		YES, WERE FINE	
1	E							YES NO		YES [NO [
1	CER	21a. ACCIDENT WAS UNDERL	land.	21b. TIME C		U VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE C	F INJURY IN ITEM	18, PART 1 OR PART 2)
1	A	OR CONTRIBUTING CAUS		"	M. MONTH DA	19					
	MEDICAL	21d INJURY OCCURRED		21e. PLACE	OF INJURY		21f. LOCATION	11 11 11			
-1	M	WHILE AT WORK		(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY	OR TOWN	COUNTY	STATE
		220. I certify that (1) (the	is bosnit	all attended th	e deceased from	0	/23 1077	tn //	15	10 79	., that (I) (we) lost
		sow the deceased a	slive on_	1/4	19_	77.60	d that in (my) (QUE) apinion a	death occurred on	the date and	hour and from t	-, (., (-,
		abave. (1) (we) (did)	(did not	view the body	ofter death.	,	DEGREE			122r. DA	TE SIGNED
		16	1	1 1 pl	Que o so.	m	ATTENDING PHYSICIAN X	MEDICAL DIRECTOR P	STAFF	1.	-15-79
		22d PHYSICIAN'S NAME	E (TYPE OB	PRINT			The ADDRESS	DIRECTOR 1	-		
1		K-C-1	Kil	RCHI	WER 1	1.1)	64.80·N.	H. DUZ	114/20	un Pa	Medel Medel
	23a. B	URIAL, CREMATION, REA	MOVAL	23b. DATE	1 11	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION	N / lead	1 9711/1	STATE
	24 511	JUM ALLON		Jan. 16	20 6 00	BULL	in coun cincula	EMEC'D. BY REGIS	TRAPISS PE	SISTRAP'S ACAL	MIDE .
	24. FU	NAME -	-,,6	11.	224 MONESTALL	1011 3	1VI	99 1970	IL.	Fry The	LURE
-	10	Keng T. H.(J.	·A·W	1 ters	Wash.	Dic	. 20012 3/11	יופו אוא ד			

BP. DHMH - 16 50M7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral dir should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages I and 2 should be filled within 72 hou with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, or ather traumatic event, the medical examiner must be natified at once.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

retained by the hospital ar attending physician.

347	9 - 0 2	The street of productions of a street of the		de la companya de la
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BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

injury, or other troumatic event, the

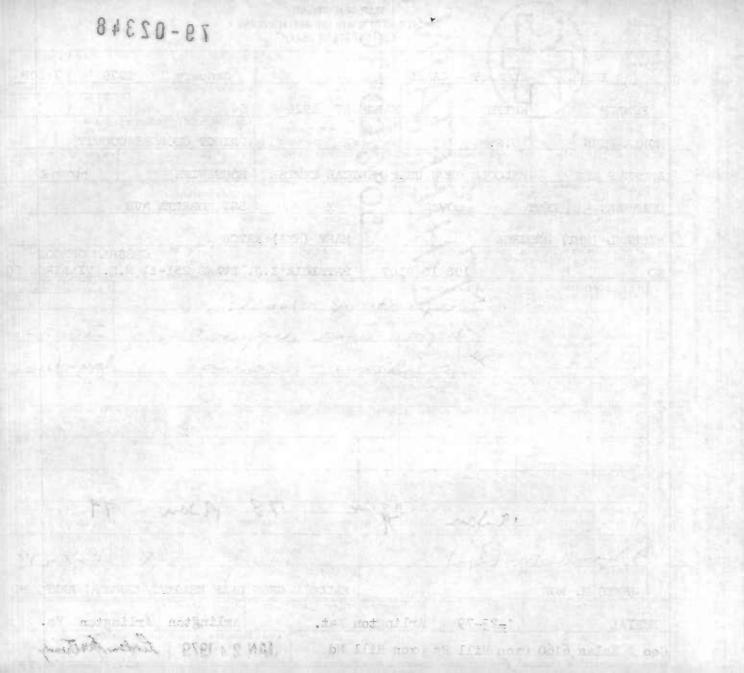
IMPORTANT: If Item 21 is morked or Item 18 shows ony

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02348

	1-	FOR STATE REGISTRAR			FICATE OF DEATH	7.9-07	2348	
		CEASED NAME FIRST	MIDDLE	1	LAST	20 DATE OF DEATH MONTH	DAY YEAR	26. HOUR
	Titte		MARGARET J.	AMES		January 19	1979	7:20P M
	3. SE)		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
		FEMALE	WHITE	MARCE		54	MONTHS DAYS	HOURS MIN
	to BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? B	D NEVER MARRIED	9 BALTIMORE CITY OR CO		
5		REA PENN	U.S.	WIDOWE		PRINCE GEORGE	ES COUNTY	MD
0		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	L, NURSING HOME O		12a. USUAL OCCUPATION	126 KIND (OF BUSINESS OR
3	AN	DREWS AFB			DICAL CENTER	HOUSEWIFE	1 1	OME
7	USUA	AL RESIDENCE (IF NURSING HOME CONTAILS	OR OTHER INSTITUTION, GIVE RESID		13d INSIDE CITY LIMITS?	13e STREET ADDRESS		
5		LAWARE KEN			YES NO	587 ROBERTA	AVE	
	-	THER'S NAME			15. MOTHER'S MAIDEN NA	ME		
/	МТ		OZENE	LAST	MARY (NMI) I	KATCH	I.A	ST
	60 W	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOC	TIAL SECURITY NO.	17. INFORMANT	ADDRESS	GRESHAM O	REGON
	NO		VE WAR OR DATES)	12 9107	PATRICIA I.	J. EVANS 251-1	N.E. VI	LLIAGE SO
F		18 CAUSE OF DEATH Enter of						ONSET AND DEATH
		PART I. DEATH WAS CAUS	ED BY	ntain	un bener	Tima		
		5715	DUE TO, OR AS A CO	ONSEQUENCE OF		+	-7.	10
		Conditions, if any, which gove rise to immediate	(b) Ne	bato-v	and dup	function	20	mus.
		couse (0), stating the underlying couse lost	DUE TO OR AS A CO	ONSEQUENCE OF		autie	lang	-tens.
	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERM	LINAL DISEASE OR CONDITION	N GIVEN IN PART I	01
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED		IF YES, WERE FINDS	
4	TIFE					YES NO	YES 🗌	NO 🗍
7		2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18, PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJUR	RY	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	2	AT WORK AT WORK						
1		22a certify that (1) (this hasp		1.4	nd that in (my) (aux) anining	death occurred on the date on		that (I) (we) last
			at view the body after dea	oth.	DEGREE	deom occurred on the dote on	22c. DATE	
		SIGNATURE	01		ATTENDING	MEDICAL STAFF	1 10	SIGNED
	-	220. PHYSICIAN'S NAME (TYPE			PHYSICIAN [DIRECTOR PHYSICIAN	1196	San 74
		THE PHISICIAN STAME TIME	OR PRINT)		A SHARE SERVICE AND ADDRESS OF THE PARTY OF			
4		JAMES M. ROW				W USAF MEDICAL	CENTER,	AAFB, MD
1	23a. B	BURIAL, CREMATION, REMOVA SPECIFY)			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
1		URIAL	1=23-79	Arlingto			rlington	Va.
	24. FU	P Kalas 6160	Oren Hill ph	DPRESS WIT	25a. DAT	REC'D, BY REGISTRAR 25b. RE	STRAR'S SIGNA	LURE
1	ue(L Varias 0100	OYOU UTIT U	a ovou uri	THE UNITED IN	1 6 TE 1 7 7 11		7



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN OF ESTIDEATH MATED [] 2h HOUR TYPE OR PRINT) adul 5 DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD TO BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED D.C. USA DIVORCED XX O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Prince George Hospital Auto uphostery USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 113b. COUNTY 113r CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Landover YES [Oregon Avenue 15. MOTHER'S MAIDEN NAME LAST LAST Everett F. Pinkard Dorothy L. Matthew 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 2344 Hunter DDF1 ace, S.E. 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 579 78 8989 no Mrs. Dorothy L. Moore-mother CAUSE OF DEATH (Enter only one couse per fine for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURIAL, C YES 🗌 NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART) FOR HOUR A.M. MONTH DAY UNDERLYING 0 CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY AT WORK AT WHILE Mace 22a. I certify that I took charge of the remains described above, held on death resulted fram: Natural causes Suicide Homicide Undetermined monner TITLE (SPECIFY) MD Deputy MEDICAL EXAMINER 12800 Willow Wind Circle, Oxon Hillowdd Augusto Rodviguez EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION REMOVA 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial Lincola-Memorial Suitland, Maryland 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5)) Funeral Home-4001 Benning Road MA 15M 7/77

79-02349 San Mark of the Control of the Contr the state of the s LEADER TO SELECT THE TOTAL THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE conference, but I don't have been presented as a Title The second secon

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79-02351 AND WELL TO THE PROPERTY OF THE PARTY OF THE The second state of the second Successive place of the second of the second

FOR

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the ottending physicion and completely filled in by the funeral director remove carbanpopers. Pages I and 2 shauld be filed within 72 haurs of

TO FUNERAL DIRECTOR, After this certificate hos been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN The low retained by the hospital or ottending physician.

ury, or ather traumotic

IMPORTANT: If Item 21 is marked or Item 18 shows

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ι'	REGISTRAR				CERTIF	ICATE OF DEATH		RECON	207	333	
	CEASED NAME	FIRST		AIDDLE	L	AST	Т	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
(179	E OR PRINT)	MARY		A. 1	KAMINS	SKI		01-2	28-79		1:00AM
3. SE	X		4 RACE		5. DATE O			AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female		Whit	e	Mar		5	73	YRS.	ONTHS DAYS	HOURS MIN.
70 B	IRTHPLACE (STATE OR FO	OREIGN 7	L CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	NEVER MARRIED		BALTIMORE CITY O	R COUNTY	OF DEATH	
	Conn.		U.S.A		WIDOWE	DIX DIVORCED		PRINCE GE	ORGES		MD.
	ITY OR TOWN OF DEA	ATH	LIF NOT IN SUC	OSPITAL, NURSIN H FACILITY, GIVE STREET COCARE F	ADDRESS)	OR OTHER INSTITUTION TY		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Housewife			OF BUSINESS OR
130.	AL RESIDENCE (IF NURS STATE aryland	13b COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Bowie		134 INSIDE CITY LIMITS		13e STREET ADDRESS 12723 Buck:	ingham	Dr.	
14 F.	ATHER'S NAME		IDDLE	IAST		15. MOTHER'S MAIDEN	NAM	E MIDDLE		IAS	
	Julian	_		ladolny		Mary			(u	navail	able)
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT SO	n i	n Law ADDRE	SS		
	No	14 165, 5146	WAN ON DAILS)	None		George Mos	ses	Same	as #		
	18 CAUSE OF DEAT	H (Enter only	y one couse per	line for (0), (b), on-	dıçı	(,			BETWEEN C	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH W	IMMEDIATE		7CWTE	h Ea,	nt fail	ler	3		1	hr
10	4595		DUE TO, OF	R AS A CONSEQUE	NCE OF						
	Conditions, if ony,		((b) /	FriErius	clero	ilic Card	live	ascularo	11) Easi	٤	
	gave rise to immo		DUE TO OF	R AS A CONSEQUE	NCE OF						
	underlying couse	lost.	((c)				6.7				
	PART 2 OTHER SIGN	NIFICANTO	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMIN	NAL DISEASE OR CON	DITION GIVE	N IN PART 10	0)
ğ	Deab	EXES	me	11/1 tus.							
CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	ă.	20a AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES	OF DEATH?
ERT	210. ACCIDENT WAS UNI	DERIVING ["]	21b. TIME O	E INI (I IDV		121, HOW IN HIPV OC	CHIPPE	YES NO NO	YES		NO 🗆
	OR CONTRIBUTING		41001100 4	M. MONTH DA	AY YEAR	21C HOW HAJORY OC	CORRE	D JENIER NATURE OF INJUR	17 IN HEM 18, PA	RT OR PART 2]	
MEDICAL	(IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR		21e. PLACE		19	211 LOCATION					
MEC	WHILE IT NOT W	HILE [EET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TOW	/N	COUNTY	STATE
	AT WORK AT WC		D 4 4 14	4 16	7	9 7 7 10		1-75	,	19.79	41 - 42 1 - 471 - 4
	22a.1 certify that (1) saw the decease	ed alive an	1-2-	9 197		9 7.7 , 19	inion de	enth occurred on the do			that (1) (ye) lost
	22b. SIGNATURE	did) (dud not	view the body	ofter death.		DEGREE				22c. DATE	
	W. of	100	intal		n		NG 1	MEDICAL STAI	F . C		28-79
-	278 PHYSICIAN'S N	AME LIVE OR	PRINT	ru .	111_	22e ADDRESS	AN	DIRECTOR PHYSIC	IAN [1-2	- 0 - 1
				r DC		LE COMPANY	. 1/-				
22.	Fred CI			1. DS.	LAME OF C	Cheverly		Tyland Tyland			
230.	BURIAL, CREMATION, (SPECIFY) Burial	KEMOVAL	Peb.1 1					CITY OR TOWN		COUNTY	STATE
	UNERAL DIRECTOR	Dollar			cred l	Heart Cemet		New Br		Cor	LIDE
1	DIAME 40 A		Funera		A310	Wash D.C.	IA	N 3 1 1979	jus	Cry /	Cready
10	Jour H. W	2000	CCEC WI	BCOHSTIL 1	uve.	Masii D.C.	VI	III OT IAIA			

BP DHMH - 16 50M 7/77 (VR A 15 (4))

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE

(VRA 15(4))

STATE OF MARYLAND FOR 79-02356 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME WIDOLE 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) 30 3. SEX 6. AGE [IN YEARS LAST BIRTHDAY] 4 RACE IF UNDER 24 HRS DATE OF BIRTS MONTH YEAR DAYS MIN 1930 TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BL (TYPE OF WORK FOR MOST OF WORKING LIFE) 20740 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 CAY Sec. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 136 COUNTY 136 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 3430 YES A NO 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIR51 MIDDLE Zmox Same as absorve 60 WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT (YES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATEST 188-22-024 Walter G. Kelley (Husband) No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for 101, (b., and 10 PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate cause la' stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. avcinoma 0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? 90 DATE OF OPERATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [ond Mentol Hyg 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 0 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 MEDI 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION 0 0 AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from. Jan 2 saw the deceased alive an_ _, and that in (my) (cor) apinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death, SIGNATURE DEGREE 22c. DATE SIGNED should be detach 140 mo MEDICAL ATTENDING PHYSICIAN A DIRECTOR FUNERAL PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 20 0 23c. NAME OF CEMETERY OR CREMATORY 230, BURIAL, CREMATION, REMOVAL 23b. DATE Arlington Cemetery Arthreton, Vavory STATE Burial 1/8/79 BP 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 Himes/Rinaldi F.H.11800 N.H. Ave. Silver Spring, Mo (VR A 15 (4))

Les-22-02/l Kelle 'usband'

1/8/17 Amilugion Comercia Ariington, Va.

Ednar/Timaldt T.E.11500 M.E.Ava. Billver Spring, Md.

NAME: Margorie Huckstep King

DATE OF DEATH: January 25, 1979

PLACE OF DEATH: Prince Goerge's County

SEE: #79-04947

February, 1979

Prince George's County



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02358

1	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG	IENE 7.9	-02358	
	ECEASED NAME FIRST EORPRINT) EVELYA		1	KONEN	20. DATE OF DEATH	MONTH DAY YEAR	26. HOUR 30
3. St	Female	White	5 DATE O	t. 28, 1914	6 AGE (IN YEARS LAST BIRT	(HDAY) IF UNDER LYEAR MONTHS DAYS	1F UNDER 24 HRS HOURS MIN
	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTY USA	MARRIE WIDOWI	D NEVER MARRIED	Prince Ge	orge	MD.
10.0	Adelphi	Manor Care Nu			TYPE OF WORK FOR MOST OF MUSICIAN	ON 125, KIND O INDUSTRY, CATTER OF U.S.	SO Clubs
USU 130.	JAL RESIDENCE (IF NURSING HOME OF STATE Md	ROTHER INSTITUTION, GIVE RESIDENCE BE NTY 13c. CITY OR T Laur	OWN	13d, INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 8706 Cres	tlawn Lane	
14. F	ATHER'S NAME George	Mayman LAST		Rose Pierc		LAS	Ţ
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SI 51.4 01		Alquin Kone	ADDRE n same as a		
CERTIFICATION	PART 2. OTHER SIGNIFICANT	OUE TO, OR AS A CONSE	TO DEATH BUT		INAL DISEASE OR CONI	DITION GIVEN IN PART 1(c	NGS USED
11 4	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH		21c. HOW INJURY OCCURE	YES NO	YES TRY IN ITEM 18, PART 1 OR PART 2)	№ □
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY {AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	WN COUNTY	STATE
	220.1 certify that (I) 4this back sow the deceased alive or	ottended the deceased from 10 AU 1		nd that in () (our) opinion (, to		that etc. (we) lost couses stated
	22b. SIGNATURE	alfor	hm	ATTENDING PHYSICIAN 222 ADDRESS	MEDICAL STAI		W 79
	WALTER E-	G002H MD		2309 SHORE	ABLD K	O WHEAN	ON MI
L	BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	Jan. 16,197		iew Mem. Park		lle Maryland	STATE
24	FUNERAL DIRECTOR NAME Donaldso	n Funeral Homes	Laure	1, Md	AKEN S PIBABKUK	23 ANG TO WAR STORM	OKE

DHMH - 16 50M 7/77 (VR A 15 (4))

79-02358	
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	and property of the second
NYOUR BELEVIOL	
13 142 77	
AL MANUEL CONTRACTOR	
124 YEAR WARREN AND AND	The second secon
mexer of Dyane.	

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

STATE OF MARYLAND

79-12359

	1-	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG	7, 9 - 0	2359	
		CEASED NAME FIRST Marger	y B ₂	KING	AST	January 2		26 HOUR 10:45 P
	3 SE)	× Female	White	S. DATE C		6. AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS DAYS HOURS MIN
35	C	RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY USA	? 8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O		H
90		yattsville	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET Sacred		Home	170 USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOMEMA)		ND OF BUSINESS OR
34	130 N	laryland Pri	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY NCE-Georges Uxox	WNHILL	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌		entown Road	d
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2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FI	NDINGS USED USES OF DEATH?
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1	230 B	224 PHYSICIAN'S NAME (TYPE OF PROPERTY OF	HAIER M.)	NAME OF C	22e ADDRESS G480-N.H.	DUZ TAKE	un Ban	e. md.
	{!	SPEC#Y) Burial	Sons Funerabello	Ft. Li	incoln Cemeter			MG.

DHMH - 16 50M 7/77 (VR A 15 (4))

Hyattsville, Maryland

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the funeral dishould be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages I and 2 should be filled within 72 has with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEAT REGISTRAR I. DECEASED NAME KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-B. DEATH MATED 6. AGE IN YEARS IF UNDER TYR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9. BALLIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania USA DIVORCED X WIDOWED . B. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY 3. RETAIN PA Head Cashier Ret Cheverly Prince George General Departme RECORDS, USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 1136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 1 Vale Place Pr Geo Md. Park Maryland YES X NO [FORM PM 3. ES 1 AND 2 SI ON OFVITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Bosler FIRST LAST Carrie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (friend) ADDRESS1660 Lanier Pl DIVISION WITH FO (YES, NO, OR UNKNOWN) Arthur C. Ruggiero 0178 No 577 07 N.W. Wash. D.C. 18 CAUSE OF DEATH (Enter only one couse per ting for (p), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HYGIENE, erio seteratio andio la seulo IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF AND MENTAL HY Conditions, if any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) USED AS A BOF HEALTH AI Gorfor CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DEPARTMENT OF PRIOR TO BURIAL, C YES NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 11c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. PRIOR 214 PLACE OF INJURY (AT HOME. 71d INJURY OCCURRED 21f. LOCATION WARDED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK PAGE STATE (EXECUTE THE CENTRE OF A STATE OF 22s. I certify that I taak charge of the remains described above, held on Autopsy ond in my opinion deoth resulted fram: Notural causes Accident Suicide Homicide Undetermined manner TITUE SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) Cedar Hill Cemetery | Sultiand Burial 9Jan1979 Md 24 FUNERAL DIRECTOR Robert E. Wilhelm Funeral Home **DHMH-17** (VR A15 ME (5)) McCready Suitland, Md. 15M 7/77

OR ATTENDING PHYSICIAN: The lo

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	STATE OF MAR
FOR	DEPARTMENT OF HEALTH AN

YLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02361

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rked or	ME	1d. INJURY OCCUR WHILE NOT W AT WORK	HILE C	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
em 21 is mo		20.1 certify that (1) sow the deceas above, (1) (we) (1) (2b. SIGNATURE	ed alive on	11	79 19	. 0	nd that in (my) (our) opinion DEGREE	death accurred on the c	date and hour		
IMPORTANT: If It	1	2d. PHYSICIAN'S N	AME (TYPE C		conon		ATTENDING PHYSICIAN (220 ADDRESS	MEDICAL STA	AFF ICIAN []	1/2	0/79
IMPO	23a. BU (SP	RIAL, CREMATION, ECIF Burial	REMOVAL	23b. DATE Jan. 2	23, 1979	NAME OF C	emetery or Crematory Olivet Cemete	23d. LOCATION CITY OR TOWN Prederi	ck. Fre	ount	STATE Md.
_		ISBALL DIDECTOR	1 20 h	autec		1	eral Home	E DEC'D BY DECISTRA	R 25h REGISTR	DICEICHIAT	LIDE

DHMH - 16 50M 7/77 (VR A 15 (4))

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(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	er call	W/Dr.),	DEPARTA	NENT OF H	EALTH AND MENTAL I	HYGIENE	79-02 REG. NO.	363		
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ge 4 may be ector, page 3 rs after death	3 SEX Femal		4 RACE White	Alma	5. DATE C	GMAN F BIRTH 16, 1891		INHARY 18 (IN YEARS LAST BIRTHDA		ERIYEAR IFU	INDER 24 HRS
deoth. Pog	Pennsylv	ania	u.s.		WIDOWE		P	TIMORECITY <u>OR</u> C	ounty of DE	HTA	MD.
of iffeed	Lanham		Doctors	HOSDIL	al of	Pr. Geo. Co	O. HOL	SUAL OCCUPATION F WORK FOR MOST OF WO WEWLED		. KIND OF BU DUSTRY	SINESS OR
AND 21:		(IF NURSING HOME O 136, COUI	ROTHER HASTITUTION NTY	13c CITY OR TOW	Aprila Cortica	PALISTE CITY LIMITS		reet address 7 Walnut	1845 Ca Street	arriage 214	e Dr.
maryling and 2 si	Abraham		MIDDLE	Waltman		15 MOTHER'S MAIDEN FIRST Lena	NAME	MIDDLE		Weiss	
be execu	160 WAS DECEASE (YES, NO OR UNKNO	EVER IN U.S. AR WN) (IF YES, GIV	RMED FORCES? E WAR OR DATES)	177-28-2		17 INFORMANT Sara Weint	raub	1845 Carr Annapolis	, Mary	land	
If W. PRESTON ST., B that the death certifical by the attending phy; sose remove carbonpol of cemation, arremover rather traumatic event	Conditions, gove rise		DUE TO, O	RAS A CONSEQUE	NCE OF	- pure	cal y	orisea disea	~	APPROXIMATE BETWEEN ONSET OUT OUT OUT OUT OUT OUT OUT O	rup
DIVISION OF VITAL RECORDS, 20 NG PHYSICIAN: The low requires rethending physicion. Ifter this certificate has been signed os the buriol-tronsit permit. Then ple th and Mental Hygiene prior to buring orked or them 18 shows any injury, o	PART 2. OTH PART 2. OTH PART 2. OTH PART 2. OTH PART 2. OTH	re q	end	abje	oc	NOT RELATED TO THE T	v de	AUTOPSY? 20	ON GIVEN IN Ib. IF YES, WERI CERTIFYING YES	E FINDINGS I	USED DEATH?
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STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH 2b. HOUR TYPE OR PRINT 3. SEX 4 RACE 5 DATE OF BIRTH A. AGE (IN YEARS LAST BIRTHDAY IF UNDER I YEAR MONTHS DAYS 70 BIRTHPLACE ISTATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED WIDOWED DIVORCED T 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Home OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIO IS MOTHER'S MAIDEN NAME MIDDLE Panora 10328 Old Fort Rd. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? I LIF YES, GIVE WAR OR DATEST Wilson C. Latham Friendly, Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH IEnter only one couse per line forto. (b), and c
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATTHBUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 DIVISION OF VITAL RECORDS. 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [710 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] NOT WHILE WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from_ sow the deceased alive on. _ and that in (my) (aur) opinion death occurred an the date and hour and from the causes stated obove, (f) (we) (did) (did not) view the body ofter death. 226. SIGNATURE DEGREE 22c. DATE/SIGNED STAFF ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) MPORT J. Chung 8910 Woodyard Road, Clinton, Md. 23d. LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE /26/79 Burial Wash. National Cem. Suitland Pr. George 6160 Oxon H. 11 HODATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

George P. Kalas Funeral Home Oxon Hill, Md.

DHMH - 16 50M 7/77

(VRA 15(4))

STATE OF MARYLAND

Maryland

Housewife

Home

Suitland Pr. George Md.

10328 Old Fort Rd. Wilson C. Latham Friendly, Md.

J. Chung

8910 Woodyard Road, Clinton, Md.

Wash. National Cem. 6160 Oxon H,11 Rd 1/26/79 Burial

George P. Kalas Funeral Home Oxon Hill, Md.

NAME: William G. Laurich

DATE OF DEATH: January 21, 1979

PLACE OF DEATH: Prince George's County SEE: # 79-04954

February, 1979

Prince George's County



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79-02368 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME MIDDLE LAST 20 DATE OF DEATH MONTH YEAR 26. HOUR FIRST (TYPE OR PRINT) ELLA LEF 79 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER : YEAR 1905 YEAR MONTH DAY HOURS Female Caucasian To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York U.S.A. WIDOWED DIVORCED X PRINCE GEORGE'S COUNTY MD 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Ret.Clerk - Govt. -PRINCE GEORGE'S GEN HOSPITA CHEVERLY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 130 COUNTY 137 CITY OR TOWN Hyattsville Pr.Geo. STREET ADDRESS Rd. 13d INSIDE CITY LIMITS? Md. 14 FATHERS NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Healev Elizabeth Richard Organ ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Regina H. Waldron - above address 578-50-3138 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one couse of lattofat blanks PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse 10', stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? pe NO YES [NO [216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF FITHER, NOTIFY MEDICAL EXAMINER) 19 PM 211 LOCATION 21e. PLACE OF INJURY 21d INJURY OCCURRED CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 22a. | certify that (I) (this hospital) attended the deceased from. DIRECTOR sow the deceased alive on obove. (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated detoched lote Dept. 22r. DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL 1-5-79 100 PHYSICIAN DIRECTOR PHYSICIAN FUNERAL 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be with the S **GUPTA** ST., MT RAINIER M.D. 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE Burial 1/8 Gate of Heaven Cem. 1979 Silver Spring, Mont. Md. RP 250. DATE REC'DIBY REQUSTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Mt.Rainier.Md. Walley's F.H. DHMH - 16 60M 1/75 (VRA 15 (4)) Inc.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21

STATE OF MARYLAND

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death certificate

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR			DEPAR		ICATE OF DEA		ENE	79-	02	369		
		CEASED NAME OR PRINTS	F#ST MAX		W I LMOT	LIT	TLE		JANUAR			Y YEAR	6:45	
	3. SE	MALE		RACE HITE		S DATE C	DAY	YEAR	6. AGE (IN YEARS)		YRS	FUNDER 1 YEAR	# UNDER	24 HRS MIN
5	70. B11	RTHPLACE (STATE O		CITIZEN OF	WHAT COUNTRY	Y? 8 MARRIE WIDOWE	D KNEVER MAI		Prince	-		OF DEATH		MD,
3		ty or town of t Lanham		Doctor	S Hosp.	of Pr	Geo. Co		120. USUAL OCC (TYPE OF WORK FOR AUTO ME	MOST OF WO	_	12b. KIND C INDUSTRY	OF BUSINE	SSOR
5	130. S MA	AL RESIDENCE (IF N STATE RYLAND STHER'S NAME FIRST	PRI G	1	COLLEGE	NWN	13d. INSIDE CITY YES X N	A (DEN NAM	AE .	RHODI	E ISI	LAND A		:
X	,	EDWAR	D		ITTLE	CUBITALIO	Al	VNIE		ADDRESS		BOY		
		VAS DECEASED EV (ES, NO OR UNKNOWN)	(IF YES, GIVE W		577-10		17 INFORMANT		LITTLE	SAME	AS I		WIFF MATE INTER	
-	NOI	underlying co	immediate ating the use last.	((c)_	R AS A CONSEC		NOT RELATED TO	THE TERMI	NAL DISEASE OF	CONDITION	ON GIVE	o N IN PART 1	01	
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1		210. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY ME	CAUSE OF DEATH	1	OF INJURY M. MONTH M.	DAY YEAR	21c. HOW INJUI	RY OCCURRI	ED (ENTER NATURE	OF INJURY IN I	ITEM 18, PAR	RT 1 OR PART 2}		
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		276. I certify that sow the dece above, (I) (we 276. SIGNATORE	(I) (this hospital	1/8/7	9 19	, or	DEGREE (my) (ou	2 Just To	Vas	2	1	and from the	SIGNED	
		224 DHYSIC (ANIS	NAME (THE ORD	Th	<i></i>	115		SICIANA	DIRECTOR	PHYSICIAN		1/9/	19	7
L		22d PHYSICIAN'S Roger	Bowman		m, M.D.		270 ADDRESS 5701 -	85th	Ave., N	ew Ca	01	90	20	207

DHMH-16 20M (VRA 15, 4) 7/78

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and coil should be detached for use as the burial-transit permit. Then please remove carban papers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shaws any

500 UNIV. BLVD., W., SILVER SPRING, MD

JAN I U 19/9

2						E OF MARYLAND		
-		1-	FOR STATE			EALTH AND MENTAL		2270
			REGISTRAR	WED	DICAL EXAMINE	R'S CERTIFICATE	OF DEATH & GREG. W	2310
			CEASED NAME FIRST		MIDDLE	LAST	20. DATE KNOWN	MONTH DAY YEAR 26. HOUR
	E SE SE		Melvin	Р.	21040	L	OF ESTI-	1-7 1979
	FETPE	3. SE	1 RACEY -	S DATE OF BIRTH	6. AGE (IN YEAR YEAR LAST BIRTHDAY	The second second	R 24 HRS. 2c. DATE	MONTH DAY YEAR 24 HOUR
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	SSA HH HISTO		RTHPLACE (STATE OR	76. CITIZEN OF WH	AT COUNTRY?	MARRIED NEVER MAR	9. BATTIMORE CITY O	R GOUNTY OF DEATH
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		30	18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	one cause per line	pr (a), (b), and (c).)	curhesi		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DIVISION	出土田の口を	MEDICAL	21d. INJURY OCCURRED	21e PLACE O	FINJURY (AT HOME, DRY, FARM, ETC.)	211 LOCATION STREEY	CITY OR TOWN	COUNTY STATE
5	IER: THIS ( TATE, WRIT FORWARD OR: PAGE HE STATE ( D, 21201 P	5	WHILE NOT WHILE AT WORK	Street, FACTO	701, 1 Ann, E1C.)	SIRELI	CITYORIOWN	COUNTY
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	SHC SHC		SIGNATURE AUGUSTO			M.D	MEDICAL EXAMINER	SIGNED
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, V BALTIMORE, MA	-	EXAMINER'S NAME Augus	to P. Rod	riguez, M.D.	12800	WILLOW WIND CIRC	CLE OXON HILL
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V		1.	FOR		DEPART		E OF MARYLAND BEALTH AND MENTAL HYG	SIENE - O	0 2 2 7	1 2	
		Ι'	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	7 9 -	0237	2	
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da d	ance o		NEW York		F WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY C	OF DEATH	
9 34	201	10 C	ITY OR TOWN OF DEATH			WIDOWE	DR OTHER INSTITUTION	PRINCE G	EORGES	12h KINID C	MD. OF BUSINESS OR
ofte of the	H Little			(IF NOT IN S	UCH FACILITY, GIVE STREET	ADDRESS)		Secretar	F WORKING LIFE)	INDUSTRY	
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orthin rely 2 sh	niner		ATHER'S NAME	MIDDLE	LAST	- 12 -	15 MOTHER'S MAIDEN NA	WE	TIVIEW		
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MORE, I	dical	160	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECL	IRITY NO.	17 INFORMANT	ADDR	SS		
TIMO on oo	e medi		None -	-	117-05-	0887	Mrs.Felice	DelGado,	See	item	#13
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B NG PHYSICIAN. The low requires that the death certifica attenting physician. The risk certificate has been signed by the attending phy st the burial-transit permit. Then please remove carbonpo th and Mental Hygiene prior to buildit, cremation, or remov	ony injury, or other traumatic eve	CERTIFICATION	18 CAUSE OF DEATH Enter-PART I. DEATH WAS CAUSE IMMEDITED IN Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, (  (b)  DUE TO, (  (c)  CONDITIONS	OR AS A CONSEQUE	ENCE OF DEATH BUT	reserve h	alt fail  ALLEAS  INAL DISEASE OR CON  200 AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USED
VITAL RE IN: The lo hysicion. Icote hos ronsit peri	shows	TE	1-12.78	DE	acrapt-Si	elma	udiluber 18	YES NO	YES	CAUSES	OF DEATH?
ON OF VIT	ltem /	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED	EATH HOUR A	P.M.	AY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	EY IN ITEM 18, PAR	T I OR PART 2)	
/ISIO PHY trend trend the b	ed or	ME	WHILE NOT WHILE AT WORK	(AT HOME, S	OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TO	YN	COUNTY	STATE
DING or a Afte	marked		22a. I certify that (I) (this has	oital) attended t	the deceased from		-21 10 78	1-72	2	79	Abot (I) (wa) last
TEN TOR: TOR: of He	21 is		saw the deceased alive a	n - 2	19	79 , 01	d that in (my) (our) opinion	deoth occurred on the d	ate and hour	and from the	couses stated
OR AT e hosp DIREC ached t	tem		22b. SIGNATURE	of view the bod	y offer death.		DEGREE			22c. DATE	SIGNED
1 4 1 5 9	<u>+</u>		VILLE	W			ATTENDING PHYSICIAN	MEDICAL STA			
TO HOSPITAL retained by the TO FUNERAL should be detained to the should be detained the Stote	APORTAN		22d, PHYSICIAN'S NAME (TYPE	PRINT)			220 ADDRESS 6490	Landone	Rox	rd. Lo	udom
1900	~	230.	URIAL, CREMATION, REMOVA		the second second	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	C	OUNTY	STATE
BP	-		Burial	1/26			f Heaven Ce	m Silver	Sprin	g. Mo	nt.Md.
DHMH - 16 60M 1/7: (VR A 15 (4))	5	V	DAME CHAM	BFFC	Co- MA	DER	SPRING 250. 9AT	REC'D. BY REGISTRAR	25b. REGISTRA	AR'S SIGNAT	URE regoly

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-02373

DECEASED NAME   PART	KEC													
1. SEX   Male   1. RACE   White   S. DATE OF BRITH   SOUTH OF THE SENTENCE	1. DECEASI		RST	٨	AIDDLE		LAST	2	DATE OF D	EATH M	ONTH	DAY	YEAR	26 HOL
The property of the property		M	ERLE		L	N	ADERA			0	1	27	79	7:5
To Birtheflace   Signat Galoston   To Children   To Wash   To Wa	3. SEX				CALL ST				AGE (IN YEAR	S LAST BIRTHD	DAY)	_	_	
In Country   Ward   W		Male		Whi	te	Sept	4, 1.901.	AR	77	7	YRS.	MONTHS	DAYS	HOUR5
18 CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION   12. USAL OCCUPATION   12. KIND OF BUSINESS POLYGEN GES GENERAL HOSPITAL   12. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION   12. USAL OCCUPATION   12. KIND OF BUSINESS POLYGEN GES GENERAL HOSPITAL   12. STATE   13. MOTHER POLYGEN GENERAL HOSPITAL   13. MOTHER S MADE NAME   14. STATE	78 BIRTHPI	ACE STATE OR FOREIG	N 7b CI	ITIZEN OF	WHAT COUNTRY	? 8	NEVER MARRIE	FD   9.					ATH	
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136 STATE Md	//												RIND OF	ovt
The was deceased ever in u.s. armed forces?   186 Social security no   17 Informant   Address   186 Was deceased ever in u.s. armed forces?   186 Social security no   17 Informant   Address   21.3 22 2205   Anna Madera same as above   18 Cause of Death (in the interior) and course per line for (a), (b), and accompany   18 Cause of Death (in the interior) and course per line for (a), (b), and accompany   18 Cause of Death (in the interior) and course per line for (a), (b), and accompany   18 Cause of Death (in the interior) and accompany   18 Cause of Death (in the interior) and accompany   18 Cause of Death (in the interior) and accompany   18 Cause of Death (in the interior)   18 Cause of Death (in the i	USUAL RES 13a. STATE	1136	HOME OR OTHER	R INSTITUTION,	GIVE RESIDENCE BEFO 13c. CITY OR TO Severn	DRE ADMISSION) WN	YES NO			PRESS b	s Ro	ad		
SCAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)   PART 1. DEATH WAS CAUSED BY   (AMAEDIATE CAUSE BY   (b), and (c)   PART 1. DEATH WAS CAUSED BY   (AMAEDIATE CAUSE BY   (AMAEDIATE CAUSE BY   (b), and (c)   (c)   (d)	14 FATHER		Mader	a	LAST					WIDDLE	Wint	ers	LAST	
PART I. DEATH WAS CAUSED BY  Conditions, it ony, which gove rise to immediate couse io', storing the underlying couse lost  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS GOVERNOR TO THE TERMINAL DISEASE OR CONDITIONS GOVERNOR TO THE TERM	(YES, NO	OR UNKNOWN) (IF	YES, GIVE WAR					lera s	same as					
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK  120 I certify that (I) (this hospital) attended the decesed from 1 1 1 79 79 to 1 27 19 79 that (I) (we saw the deceased alive an abave. (I) (we) (did) (did not) view the bady after death.  DEGREE  ATENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR	)8 C	ART I. DEATH WAS	CAUSED BY: MEDIATE CA	USE (0)		Can	diad	an	res	t		BE	APPROXIMET WEEN O	NATE INTER
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OR CONTRIBUTINGCAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  WHILENOTWHILEAT WORKNOTIFY HOUR A.M. MONTH DAY YEAR  AT WORKNOTIFY HOURNOTIFY HOURNOTIFY HOUR A.M. MONTH DAY YEAR  22a I certify that (I) (this hospital) attended the decessed fromi	Cor gov cou unco	aditions, it ony, where rise to immediatelying cause laters and the control of th	CAUSED BY: MEDIATE CA	DUE TO, OF	R AS A CONSEO	UENCE OF	ular A	HE TERMIN				4	La	nee
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saw the deceased alive an 12C 19 29, and that in (my) (our) opinion death occurred an the date and hour and from the causes states above. (I) (we) (did) (did not) view the bady after death.  22b. SIGNATURE  DEGREE  ATTENDING  AMEDICAL  STAFF  PHYSICIAN  OTHERSTORY  1/L/1/9  ATTENDING  PHYSICIAN  OTHERSTORY  1/L/1/9  ATTENDING  AMEDICAL  STAFF  PHYSICIAN  OTHERSTORY  1/L/1/9  ATTENDING  PHYSICIAN  OTHERSTORY  1/L/1/9  ATTENDING  AMEDICAL  STAFF  PHYSICIAN  OTHERSTORY  1/L/1/9  ATTENDING  AMEDICAL  STAFF  1/L/1/9  AMEDICAL  STAFF  PHYSICIAN  OTHERSTORY  1/L/1/9  AMEDICAL  STAFF  PHYSICIAN  OTHERSTORY  1/L/1/9  AMEDICAL  STAFF  PHYSICIAN  OTHERSTORY  1/L/1/9  AMEDICAL  STAFF  1/L/1/9  AMEDICAL  STAFF  PHYSICIAN  OTHERSTORY  1/L/1/9  AMEDICAL  STAFF  1/L/1/9  AMEDICAL  STAFF  PHYSICIAN  OTHERSTORY  1/L/1/9  AMEDICAL  STAFF  PHYSICIAN  OTHERSTORY  1/L/1/9  AMEDICAL  STAFF  PHYSICIAN  OTHERSTORY  1/L/1/9  AMEDICAL  STAFF  1/L/1/9  AMEDICAL  STAFF  1/L/1/9  AMEDICAL  STAFF  PHYSICIAN  OTHERSTORY  1/L/1/9  AMEDICAL  STAFF  1	Cory One Day	ACCIDENT WAS UNDERLY  ONTRIBUTING CAUSE  CALL  C	CAUSED BY: MEDIATE CA  sich ote the ost  CANT COND  ING E OF DEATH	DUE TO, OF	R AS A CONSECUTION FOR WHICH	UENCE OF  UENCE OF  DEATH BUT  H OPERATIO	NOT RELATED TO THE	HE TERMIN	AL DISEASE C	OR CONDI	TION GIV 20b. IF YE IN CERTI	VEN IN P	ART 1(o	GS USE OF DEAT
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	C) As ATT

NAME: John Joseph Mallon

DATE OF DEATH: January 30, 1979

PLACE OF DEATH: Prince George's County

SEE: #79--4962

February, 1979

Prince George's County



No.	1,	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	7 4
1	L	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH   SREG. NO. 2	
		ECEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN OF ESTI-	DAY YEAR 26. HOUR
SE ES.		Annit		9 1979 M
PLEA ECTO HOU HOU	3. SE	0 /0//	S DATE OF BIRTH AONTH DAY YEAR 1 ASSERTINDAY) MONTHS DAYS HOURS MEN. PRONOUNCES	DAY YEAR 28 HOUR
DIR OUR ON	173	male Volack	3-3-94 Serial Andrew Months Days Hours Min. PRONOUNCES DEAD GENTUON	1291979 PM
ESSA ESSA HIN HEST	7a. 6	SIRTHPLACE (STATE OR OREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9. BALTIMORE CITY OR COUN	TY OF DEATH
NECESSARY, PLEASE FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET.	1	N. C.	USA WIDOWED DIVORCED [Myne Hen	91- MD.
2 4 8 B 8 9 6	1D. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
. F ANY DELAY IS NI . IF ANY DELAY IS NI 3. RETAIN PAGE SHOULD BE FILED IN PECORDS, 301 W		Landover	()() Housewife	None
ORD STATE	USU 170/	AL RESIDENCE (IF IN NURSING HOME O	OR OTHER DISTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TY 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS	4
IF ANY SHOUL PCO	146	ryland Mine	1 (redges Jeat Place ant YES NO 1307 Elid Floor	sout)
MD. 2 S 1, 2, 2 PPM 3. 4D 2 SI MITAL	14. F	ATHER'S NAME	MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
RE, MD. 2 DEATH. 1 GES 1, 2, 2, 2, 3M PM 2, 3 AND 2, 5 OFWITAL	4	Peter Davis	Mollie Bask	erville
	160	WAS DECEASED EVER IN U.S. ARA YES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	
BALTIMORE, MD.  URS AFTER DEATH  URS AFTER DEATH  WITH FORM PM.  PAGES 1 AND 2  DIVISION OPWITA			578-40-9778 Mrs. Ida Hart/daughter/1307	Elv Place.
		18 CAUSE OF DEATH (Enter and	ly ane cause per line for (a), (b), and (c).)  Landover, Md.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ITAL RECEIVED SHOULD SH	2	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
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DIVIS THIS CER WRITING WARDED AGE 3 S TATE DEF		AT WORK AT WORK	Homy 130/Eli Sued feat fleat	lesch /1/200.
ZI S	10	220 I certify that I taak charg	e of the remains described above, held an Autopsy 🔲, Inspection 🗐, Inquiry 🗒, and in No	Sinion 20027
2 U 2 F Z		death resulted fram: Natur	ral causes 1, Accident , Suicide , Hamicide , Undetermined manner ,	
SXA/ CERT JILD OIRE WIT		ACTUAL Alee	TIPLE (SPECIFY)	1-1-
AR HOUTH	-	SIGNATURE / SIGNATURE	to P. Tollegues M.D. Sepully MEDICAL EXAMINER SIGNI	01/30/19
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7 7 - 3 - 4 - 4	23a. E	BURIAL, CREMATION, REMOVAL 2	CITY OR TOWN	NTY LZ STATE
BP	-	Burial	2-2-79 Harmony Memorial Landover Marie 250. DATE RECED BY REGISTRAN 1/250. DATE RECED BY REGISTRAN 1/250.	6.0
DHMH - 17 (VR A15 ME (5))	24. 1	FUNERAL DIRECTOR	ADDRESS	SIGNATURE
15M 7/77		John T. Rhine	s Co., 3030 12th St., N.E., D.C.	

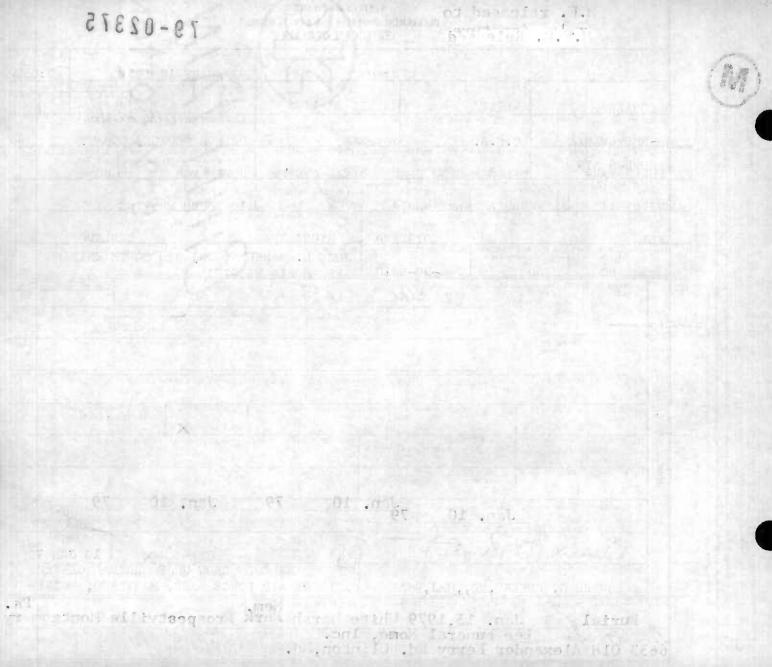
Old Alexander Ferry Rd. Clinton, Md.

(VRA 15(4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

M.E. released to



Suitland, Maryland

FOR

REGISTRAR

- STATE

(VR A 15 (4))

Funeral Home

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-02376

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R bt E Wilhelm 8308 Smithand Rd Land

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME FIRST 20. DATE KNOWN MONTH 7b. HOUR (TYPE OR PRINT) OF ESTI-Robert. Mathews 19 White 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d. HOUR DATE AST BIRTHDAY) PRONOUNCED DEAD YRS 01-05-79 19 6:32AN 78 BIRTHPLACE (STATE OR 16. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED feed than USA Prince George County WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Laurel (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE metal Worker OR INDUSTRY private indu Greater Laurel Beltsville Mospital RETAIN USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIV 130. STATE 13 CITY OR TOWN 136. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Howard 8088 Baltimore Street YES X NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FORM PM LAST LAST Robert Lee Mathews Heflin Sarah 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS SED AS A BURIAL-TRANSIT PERMIT. PAGES 1
HEALTH AND MENTAL HYGIENE, DIVISION
CREMATION, OR REMOVAL. (YES NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES! 21.5 26 0788 Mrs. Robert O. Mathews see above 18 CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c).)
PART I DEATH WAS CAUSED BY: Extensive bilateral organizing pneumonia with
IMMEDIATE CAUSE (a) pleural effusion; emphysema, severe with left APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSCOUENCE of pleural adhesions Conditions, if ony, which (b) Congestive heart failure with acute right arriggave rise to immediate DUE TO OR AS A CONSEQUENCE OF Ventricular dilatation, mitral cause (a) stating the underlying cause lost. stenosis and cardiomegaly; congestive hepato-PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED CERTIFICATION MENT OF HEAL 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 3 SHOULD BE DEPARTMENT C YES NO | 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH PM PRIOR 21e. PLACE OF INJURY (AT HOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK AT WORK CITY OR TOWN COUNTY 21201 DIRECTOR: I, WITH THE S 22s. I certify that I took charge of the remains described above, held an Autopsy Inspection ARYLAND. death resulted fram: Notural couses Accident Suicide Homicide Undetermined manner TIMLE (SPECIFY EXECUTE THE C EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, 1 IMORE. EXAMINER'S NAME (TYPE OR PRINT) / Mulls. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Meadowridge Mem. Park Jan. 8, 1.979 Surial BP 250. DATE REC'D BY RETTISTER 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** Nambonaldson Funeral Mome, Laurel, Md (VR A15 ME (5)) 15M 7/77

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The date of operation   196 Conditions on the terminal obsess or condition given in part 1 (a).	ľ	16a. V	WAS DECEASED EVER IN U.S. AR	MED FORCES?			ADDRESS	######################################
18. CAUJE OF DEATH (Enter only one course per Misclar (a), (b), and (c).)   PART I DEATH WAS CAUSED BY.   PART I DEATH WAS CAUSED BY.   DUP TO, OR AS ACONSEQUENCE OF Conditions, if any, which gover rise to immediate couse (a) stating the under lying course lost.   Conditions, if any, which gover rise to immediate couse (a) stating the under lying course lost.   (c)   PART 2 OTHER SIGNIFICANT (ONOTHORS CONTRIBUTING TO GRAIN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a).   19a DATE OF OPERATION   19b CONDITION FOR WHICH OPERATION WAS PERFORMED?   20. AUTOPSY?   YES   NO     210 EXTERNAL CAUSE WAS UNDERSTORMED   210 TAME OF INJURY HOUR A.M. MONTH DAY YEAR PLAN.   19   19   10   10   10   10   10   10		1	TO NO, OR UNKNOWN   [   FES. GIVE	WAR OR DATES	91-20-03	367 Leonard D	Asuney Bro M	ow Coetle Do
PART I DEATH WAS CAUSE BY.  IMMEDIATE CAUSE (a)  Conditions, if any, which gove rise to immediate cause (a) that it is not related to the terminal disease or conditions, but in immediate cause (a) that is not related to the terminal disease or conditions given in part I (a).  FART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a).  19a DATE OF OPERATION  19b CONDITION FOR WHICH OPERATION WAS PERFORMED?  21c EXTERNAL CAUSE WAS  21c EXTERNAL CAUSE WAS  21c EXTERNAL CAUSE WAS  21c EXTERNAL CAUSE OF DEATH  21c EXTERNAL CAUSE WAS  21c EXTERNAL CAUSE OF DEATH  21c EXTER			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	##/ # // 50/1		T	/	APPROXIMATE INTERVAL
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ACTUAL SIGNATURE AUGUSTO P. Rodriguez 123c. NAME OF CEMETERY OR CREMATION, REMOVAL 236. DATE (SPECIFY) Harmony Memorial Park Highland Park, Maryland 24 Funeral Service 123c. NAME OF CEMETERY OR CREMATORY 125c. DATE REGISTRARS SIGNATURE 125c. DATE REGISTRARS SIGNATURE 125c. DATE REGISTRARS SIGNATURE 125c. DATE RECID. BY REG			UNDERLYING OR	HOUR A.M. M		ZIL HOW INJOKT OCCURKE	P (FIRST INVIOUS OF MOUNT IN HEW 181	ANI I VA FARI Z)
22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinian death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY)  ACTUAL SIGNATURE	I	SICA				III LOCATION		
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EXAMINER'S NAME (TYPE OR PRINT)  230. BURIAL, CREMATION, REMOVAL 236. DATE (SPECEY)  BURIAL DIRECTOR  24 FUNERAL DIRECTOR  COUNTY  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/24/79  1/250. DATE REC'D. BY REGISTRAR SIGNATURE  1/250. DATE REC'D. BY REGISTRAR SIGNATURE  1/250. DATE REC'D. BY REGISTRAR SIGNATURE			$\Delta$	12 6				1. 4.
EXAMINER'S NAME AUGUSTO P. Rodriguez 12800 Willow Wind Circle, 0xon Hill, Md.  230. BURIAL CREMATION, REMOVAL 230. DATE 230. NAME OF CEMETERY OR CREMATORY CHYORTOWN STATE Harmony Memorial Park Highland Park, Maryland  24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR SIGNATURE 1250. DATE REC'D. DATE REC'D. BY REGISTRAR SIG				yund 1	. Follige	C/ Domiter	MEDICALEYAMINED	DATE //20/19
236, Burial, Cremation, Removal 236. Date 23c. Name of Cemetery or Crematory 23d. LOCATION CITY OF TOWN STATE Burial 1/24/79 Harmony Memorial Park Highland Park, Maryland  24 FUNERAL DIRECTOR 250. Date REC'D. By REGISTRAR SIGNATURE  1 MAN 2 C 1070		-	EXAMINER'S NAME AN	gusto P. Ro	driguez	12800 Wi		
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME O DATE KNOWN 26 HOUR OF ESTI-DEATH MATED 4. RACE 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOU PRONOUNCED DEAD 7b. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED O CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS NOT IN SUCH FACILITY, GIVE STREET ADDRESS FOR MOST OF WORKING LIFE) Carpenter Construction Cheverly Pro Georges Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER IDISTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES . 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRST Andrew Edward McClav Nancy M Stickel 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Harold McClay Cumberland, Md. no 220 10 5479 CAUSE OF DEATH (Enter only one cause per the far (a), (b), and (c). Cordiovascular PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, If any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 0 YES NO -21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED TIE. PLACE OF INJURY (AT HOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN WHILE AT WORK COUNTY EXECUTE THE CE...
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EXECUTE THE CE...
TO FUNERAL DIRECTOR: P.
AFTER DEATH, WITH THE ST
BATTMORE, MARYLAND, 21 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted fram: Natural causes Accident Hamicide ___ Undetermined manner TITLE (SPECIFY) Deputy MEDICAL EXAMINER ADDRESS 12800 Willow Wind Circle, 0x9n Hill EXAMINER'S NAME Augusto P. Rodviguez (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Beltsville Pro Georges Md. Burial Jan 6, 1979 St Johns Cemetery 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** F. Gasch's Sons P A Hyattsville, Md. 1979 (VR A15 ME (5)) 15M 7/77

STATE OF MARYLAND

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#### FOR - STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-02380

	REGISTRAN					REG. NO	0		
	CEASED NAME FIRST FOR PRINT)	MIDDLE T	McDON	AT.D	20 DATE OF	ary 1		DAY YEAR	26 HOUR 6:00
3 SE		4 RACE	5 DATE C		6 AGE (IN YE			IF UNDER TYEAR	
N	Male	Black	MONTH 4	6 DAY OFEAR	73	3	YRS	MONTHS DAYS	HOURS M
70 B	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT CO	DUNTRY? 8	D NEVER MARRIED				Y OF DEATH	
	S.C.	USA	WIDOWE	D DIVORCED	Princ	e Geo	rges	County	
	lenn Dale	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY, Glenn Dale	GIVE STREET ADDRESS)	R OTHER INSTITUTION	TYPE OF WORK			126. KIND ( INDUSTRY	OF BUSINESS
USU. 13a :	AL RESIDENCE (IF NURSING HOME OF STATE TO THE COURT OF TH	NTY 113c CITY	ENCE BEFORE ADMISSION) OR TOWN	13d INSIDE CITY LIMITS?	13e STREET A	ADDRESS 20t	h St	reet,N	N.E.
	Freeman J. M		LAST	Sallie		MIDDLE		LA	sst.
	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV		3 16 124	9 Mrs. Cl: 851 20th	iola B	rown t,N.	-sis E.	Wa	ash.,I
	18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE								XIMATE INTERVAL LONSET AND DEA
	MARTI DEATH WAS CAUSE	TE CAUSE (o) Acut	e congesti	ve heart fai	lure			12-2	4 hour
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Disease  DUE TO, OR AS A CONSEQUENCE OF Disease								
NOIT	PART 2 OTHER SIGNIFICANT OF Cerebrovascula	ar accident	with right	hemiplegia	MINAL DISEASE	OR CONE			
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	YES [	NOXX	IN CERT	ES, WERE FIND IFYING CAUSE IES []	
MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	P.M.	NTH DAY YEAR	21€ HOW INJURY OCCUP	RRED (ENTER NAT	URE OF INJUR	RY IN ITEM 18	, PART 1 OR PART 2)	
MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJUR (AT HOME, STREET, FACTO		211 LOCATION STREET		CITY OR TOW	VN .	COUNTY	STATE
	270 1 certify that (本(this haspi sow the deceased alive an abave, (文(we) (did) (文本)	Tan 15	10 79	30			te and ha	, 19 79 our and from the	, that (T) (we)
	226. SIGNATURE	Dura	om D	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF X PHYSIC			15,197
	224 PHYSICIAN'S NAME (TYPE O	OR PRINT)		22 e. ADDRESS Glen	n Dale	Hospi	tal		
		√ills, M.D.		Glen	n Dale,	Mary		20769	
(	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	1/24/19/		armel Chur		incas		, South	
	tewart Funer	al Home-40	001 Benni	ng Rd N.E	TE REC'D. BY RE	979	256 REGIS	TRAR'S SIGNA	TURE

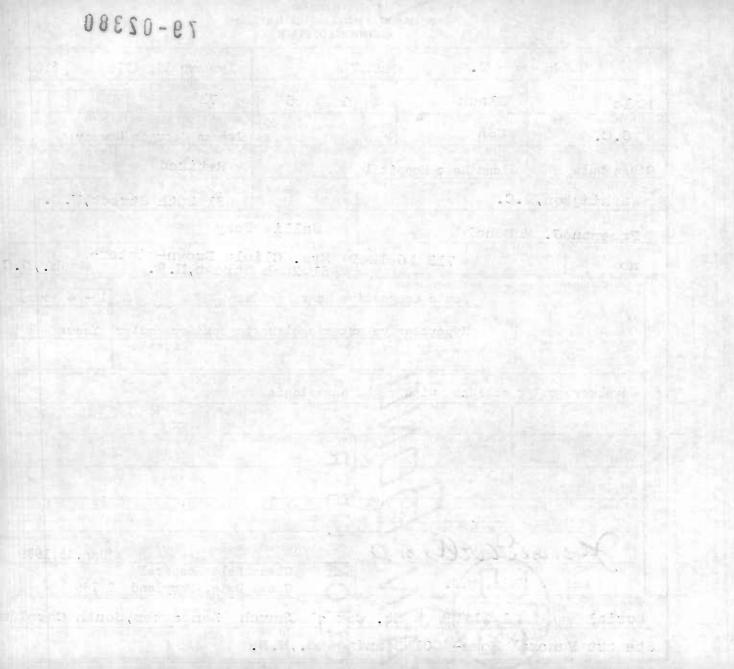
DHMH - 16 60M 1/75 (VR A 15 (4))

should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hou within 72 hours detached for use as the burial-transit permit. Then please comove carbonpapers. Pages 1 and 2 should be filled within 72 hours than 10 the prior to burial, cremation, or removal.

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etained by the hospital

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STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME ASMC GAHA 20. DATE KNOWN (TYPE OR PRINT) ESTI DEATH MATED DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE DAY LAST BIRTHDAY) PRONOUNCED 191266 JUNE DEAD 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS WIDOWED [ PENNA. U.S.A. DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126. KIND OF BUSINESS NOT IN SUCH FACILITY, GIVE STREET ADDRESS! Waitress Prince George Hospital Cheverly USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY HMITS? 13e. STREET ADDRESS Accokeek, Md 302 Farmhouse, Rd. NO X George YES 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Unknown Marshall Laura 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) LIFYES GIVE WAR OR DATES John H. Gosnell, 40 Maple, Village No Unk Jessup. Ma APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. OF HEALTH 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES . NO [ 3 SHOULD BE DEPARTMENT 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 OR HOUR A.M. MONTH DAY YEAR UNDERLYING 0 CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK EXECUTE THE CORN PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFFER DEATH, WITH THE ST BALTMORE, MARYLAND, 21 22a. I certify that I taak charge of the remains described above, held an Inspection and in my opinion death resulted from: Notural couses Homicide Undetermined manner MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Burial Maryland Natl. emetery Laural DATE REC'P, BY REGISTRAR 258. REGISTRARY STOCKATURE 24. FUNERAL DIRECTOR **DHMH - 17** Robert E. Wilhelm, Suitland, Md. (VR A15 ME (5)) 15M 7/77

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumotic event, the medical grantines may be notified

TO FUNERAL DIRECTOR: After this certificate hos been signed by the offending physici should be detached for use as the buriol-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to buriol. cremation, ar removal.

TO MOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician

BP.

DHMH - 16 60M 1/75

(VR A 15 (4))

"Wise WISE AVE, M. W. WASH, D. C.

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n signed by the ottending physician and completely filled in by the Then please remove carbon papers. Pages 1 and 2 should be filled wi

FOR - STATE

REGISTRAR

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-02382

1979

FFB

(TYPE	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONT	20 1.00%
	ELIZABE		McGINN	Ja	)
3 SE	X 4	RACE 5. I	DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
	Female	White	5 <b>22</b> 1898	80	YRS
	IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	AARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH
	LYNN MASS.		IDOWED DIVORCED	Prince Geor	ges County
HO C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING H		12a USUAL OCCUPATION	12b. KIND OF BUSINESS C
Cl	Linton,	SOUTHERN MARYLA	The same and	HOUSEWIFE	AT HOME
USU.	AL RESIDENCE (IF NURSING HOME OR O'STATE 136. COUNT	THER INSTITUTION GIVE RESIDENCE BEFORE ADM Y 136. CITY OR TOWN	AISSION) 1136 INSIDE CITY LIMITS?	113e STREET ADDRESS	
	Mass.	Lynn	YES NO	I2 CATALINA	RD.
14. FA	ATHER'S NAME	DDLE LAST	IS MOTHER'S MAIDEN NA	ME	LAST
11.	JOHN	MALONEY	MARY	/ MIDDLE	DOOLEY
	WAS DECEASED EVER IN U.S. ARMI	ED FORCES? 166 SOCIAL SECURITY		5507 SAN	
	NO	015-50-314	DOROTHY Lebi		ON , MD.
		one cause per line far (a), (b), and (c)		and vanish	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	underlying cause last.	DUE TO, OR AS A CONSEQUENCE		AINAL DISEASE OR CONDITIO	ON GIVEN IN PART 1/0
ATION	PART 2. OTHER SIGNIFICANT CO	onditions contributing to DEAT atosis of abdor	TH BUT NOT RELATED TO THE TERM	na of left i	ovary,
TIFICATION	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEAT	TH BUT NOT RELATED TO THE TERM	na of left 1	ON GIVEN IN PART 1(0)  OF STATE OF THE STATE
CAL CERTIFICATION	PART 2. OTHER SIGNIFICANT CO	onditions Contributing to Deat atoms of audio  196 CONDITION FOR WHICH OPE	TH BUT NOT RELATED TO THE TERM THE CARCINAL RATION WAS PERFORMED  YEAR 19	200 AUTOPSY? 206.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT CO  CENCENT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH	ONDITIONS CONTRIBUTING TO DEAT  ATOMIS OF AUGUS  196 CONDITION FOR WHICH OPE  216 TIME OF INJURY HOUR A.M. MONTH DAY	TH BUT NOT RELATED TO THE TERM THE CARCINAL PROPERTY OF THE TERM O	va of left in 200 AUTOPSY? YES NO	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
	PART 2. OTHER SIGNIFICANT CO  CULTUM  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  220.1 certify that (1) (this hospital	ONDITIONS CONTRIBUTING TO DEAT  19b CONDITION FOR WHICH OPE  21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM,	TH BUT NOT RELATED TO THE TERM THEW CARCINA  PRATION WAS PERFORMED  YEAR 19 21f. HOW INJURY OCCUR 19 21f. LOCATION STREET 19 29 19 79	200 AUTOPSY? 20b. YES NO RED (ENTER NATURE OF INJURY IN IT	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO CERTIFY NO CAUSES OF DEATH? YES NO CERTIFY NO COUNTY STATE  19 7 9, that (I) (we)
	PART 2. OTHER SIGNIFICANT CO  CULCUM  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	ONDITIONS CONTRIBUTING TO DEAT  ATOMICS OF INJURY HOUR A.M. MONTH DAY P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM.)  1) ottended the deceosed from 3 ( 19 75) view the body after death.	TH BUT NOT RELATED TO THE TERM THE CARCINAL PRATION WAS PERFORMED  21t. HOW INJURY OCCUR 19 21t. LOCATION STREET  2. ond that in (my) (our) opinion DEGREE  ATTENDING	200 AUTOPSY? 20b. YES NO RED (ENTER NATURE OF INJURY IN IT	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO COUNTY STATE  COUNTY STATE  19 7 9, that (1) (we) on the couses stated the courses stated to the course stated t
	PART 2. OTHER SIGNIFICANT CO  CLICKIMM  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK 220.1 certify that (I) (this hospital saw the deceased alive on abave, (I) (we) (did) (did not) 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE OR P	ONDITIONS CONTRIBUTING TO DEAT  ATOMIS OF AUDION  196 CONDITION FOR WHICH OPE  216. TIME OF INJURY HOUR A.M. MONTH DAY P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM,  1) attended the deceosed from 31  view the body after deoth.	TH BUT NOT RELATED TO THE TERM THE CARCINAL PRATION WAS PERFORMED  21t. HOW INJURY OCCUR 19 21t. LOCATION STREET  2. ond that in (my) (our) opinion DEGREE  ATTENDING	200 AUTOPSY? 200 IN 1  200 AUTOPSY? 200 IN 1  YES NO CITY OR TOWN  CITY OR TOWN  death occurred on the date of MEDICAL STAFF DIRECTOR PHYSICIAN	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO COUNTY STATE  COUNTY STATE  19 7 9, that (1) (we) on the couses stated the courses stated to the course stated t
WEDICAL WEDICAL	PART 2. OTHER SIGNIFICANT CO  CULTUM  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  22a.1 certify that (I) (this hospital saw the deceased alive on above, (I) (we) (did) (did nat).  22b. SIGNATURE  MILDU.  22d. PHYSICIAN'S NAME (TYPE OR PMRIDU.)	ONDITIONS CONTRIBUTING TO DEAT  ATOMIS OF AUSE  196 CONDITION FOR WHICH OPE  216. TIME OF INJURY HOUR A.M. MONTH DAY P.M.  216. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, 1) attended the deceosed from 31 19 70  view the body after deoth.  LA SINGH, M.D.  236. DATE  236. NAM	TH BUT NOT RELATED TO THE TERM  THE LARGE TO THE THE TERM  THE LARGE TO THE TERM  THE LARGE TO THE TERM  THE LARGE	200 AUTOPSY? 200 IN 1  200 AUTOPSY? 200 IN 1  YES NO CITY OR TOWN  CITY OR TOWN  death occurred on the date of MEDICAL STAFF DIRECTOR PHYSICIAN	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO COUNTY STATE  COUNTY STATE  19 7 9, that (I) (we) Individed the courses stated 22c. DATE SIGNED

THE REST. LET TORK

Hyattsville, Md

(VR A 15 (4))

F. Gasch's Sons P A

STATE OF MARYLAND

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Man A Common to Podente 1000

Mary 2 1 10th Mary Mary Source

STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2b. HOUR KNOWN (TYPE OR PRINT) ESTI-1979 MC NEILL E FUNERAL DIRECTOR.

5 FOR YOUR FILES.

D, WITHIN 72 HOURS

W. PRESTON STREET. ROBERT Α. DEATH MATED SEX 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. 2d. HOUR 2c. DATE 37 Mar 6,194 PRONOUNCED 1079 lp M male Negro DEAD TO BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED K NEVER MARRIED FOREIGN COUNTRY) USA Prince George's County WIDOWED DIVORCED DELAY IS N TO THE FL N PAGE 5 BE FILED, 1 12a USUAL OCCUPATION (TYPE OF WORK ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) GOVE. Electrician Prince George's General Hosp. Cheverly R ALONG WITH FORM PM 3. RETAIN P. SIT PERMIT. PAGES 1 AND 2 SHOULD BE HYGIENE, DIVISION OF VITAL RECORDS. USUAL RESIDENCE (IF IN NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE D. C. NJb. COUNTY Washington YES NO T 1390 Nicholson St. NW 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE unknown LAST Carrie L. McNeill 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 239-68-3456 Helen M. McNeill same n/a 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY CHIEF MEDICAL EXAMINER ALONG E USED AS A BURIAL-TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL. IMMEDIATE CAUSE (a) Gunshot wound of neck involving spinal cord DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? CHIEF E 3 SHOULD BE US E DEPARTMENT OF PRIOR TO BURIAL, YES INO 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL Shot by assailant. CONTRIBUTING CAUSE OF DEATH :51xx 1-20-ORWARDED
R: PAGE 3 SH
STATE DEPA 21e. PLACE OF INJURY (AT HOME. If LOCATION STREET, FACTORY, FARM, ETC.) 5000 blk. Balto. BIVd. WHILE AT WORK AT WORK Prince George's PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21: Autopsy X 22a. I certify that I took charge of the remains described above, held an Inspection and in my apinion Homicide X Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER DATE 1-26-79 SIGNATURE Ann M. Dixon, M.D. 111 Penn St. EXAMINER'S MAME (TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Jan 30, 1979 Harmony Mem. Park (PGC) Landover BP. 24 FUNERAL DIRECTOR Marshall's Funeral Home Inc. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** 9thSt. NW., Washington, D.C (VR A15 ME (5)) 15M 7/77

79-02385 STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME FIRST MIDDLE 2a DATE OF DEATH YEAR 7b HOUR / TYPE OR PRINTS MILLER PAMETA ANN' JAN 25 1979 0810 AM 3 SEX RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS ONINS DAYS HOURS 1950 FEMALE SEPT WHITE TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PENNSYLVANTA U.S.A. PRINCE GEORGES WIDOWED ANDREWS A PROBATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ORCE BASE W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 STATE MALCOLM GROW USEF MEDICAL CENTER SALESCLERK RETAIL 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND BRINCE GEORGES ANDREWS AFB 2128-E RICHMOND DRIVE YESXX 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDU PALMER LIGHTNER HELEN MCBRIDE ADDRESS 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT HUSBAND (YES, NO OR UNKNOWN) I HE YES, GIVE WAR OR DATEST 2128-E RICHMOND DRIVE, ANDREWS AFB NO N/A 184-42-7496 ROBERT H. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY MALNUTRITION IMMEDIATE CAUSE to DUE TO OR AS A CONSEQUENCE OF OVARIAN CYSTADENOCARONSMA METASTATIC Conditions, if ony, which gove rise to immediate cause (01, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 0 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO M NO YES Hygi 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 ž 21d. INJURY OCCURRED 11 LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK JAN 22a.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive an_ and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the bady after death 22b. SIGNATURE 22c DATE SIGNED DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN PHYSICIAN FUNERAL 25 JAN 79 MPORTAN 72d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld b MALCOLM GROW USAF MEDICAL CENTER WESLEY , CAPT, USAF MD ANDREWS AIR FORCE BASE, MARYLAND 20331 23a. BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b. DATE 231. NAME OF CEMETERY OR CREMATORY STATE (SPECIFY) Cedar Grove Cemetery Burisl Petersburg. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR JOSEPH CAWLER'S SONS INC. DHMH - 16 50M 1/76 (VR A 15 (4)) 5139 WISC. AVE., N. W. WASIL, D. C. 20016

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DHMH - 16 50M 7/77 (VR A 15 (4))

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

2226

26	1 -	STATE REGISTRAR			DET	CERTIF	ICATE OF DEAT	H		79-U	23	00		
		CEASED NAME	FIRST		MIDDLE	ı	AST		20 DATE OF DEA	TH MONTH	DAY	YEAR	2b. HOUI	R
	{TYPE	OR PRINT)	PAUL		J	M	MISKANIN			01	27	79	1:10	PM
В	3. SE		4	RACE		5. DATE C			AGE (IN YEARS L	ST BIRTHDAY)		ER 1 YEAR	IF UNDER	
		Male		Wh	ite	10/		(EAR	60	YR:	MONTH!	DAYS	HOURS	MIN
1		RTHPLACE (STATE OR	FOREIGN 71	CITIZEN OF	WHAT COUN	TRY? 8	NEVER MARR	IED []	BALTIMORE	ITY OR COUN	TY OF D	EATH		
5		Pa.			S.A.	WIDOWE	D DIVOR	ED [	PRINCE	GEORGE	S			MD.
4	Ch	TY OR TOWN OF D		PRINCE	GEÖRG	ES GENER	AL HOSPIT		TO USUAL OCC		GLIFE) IN	DUSTRY	ing:	
5	130. S Ma	AL RESIDENCE (FNL TATE LTYLAND	136 COUNT		13c. CITY OR	TOWN	13d INSIDE CITY LI YES K NO			15th	Aven	ue		
4		John			skani:	-		lary	MIC	DLE		nown		
, [	16a W	VAS DECEASED EVE	R IN U.S. ARM (IF YES, GIVE W	ED FORCES? (AR OR DATES)		SECURITY NO.	17 INFORMANT			DVIers		1 Ro		0
	U	nknown			172 18	6060	Mrlinda	Bred	ow Rock	ville,	Mar	<del></del>	nd 20	850
	NO	Conditions, if or gove rise to it cause (a), storunderlying cou	nmediote ing the se lost	(b)	R AS A CONS	EQUENCE OF	NOT RELATED TO 1	HE TERMIN	ALDISEASE OR	CONDITION	GIVEN IN	PART 10	01	
2	CERTIFICATION	19a DATE OF OPER	ATION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORME		200. AUTOPSY	IN CE			OF DEAT	H?
7		210 ACCIDENT WAS U OR CONTRIBUTING [ (IF EITHER, NOTIFY MED	CAUSE OF DEATH		OF INJURY ,M. MONTH .M.	DAY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE (	OF INJURY IN ITEM	18, PART 1 O	R PART 2)		
	MEDICAL	21d. INJURY OCCU	WHILE O		OF INJURY REET, FACTORY, O	FFICE, FARM, ETC.)	211 LOCATION STREET		City	ORTOWN	ÇC	YTHUG	ST	ATE
				11/2	7	19 ) 4,01	nd that in (my) (per)	opinion de	oth occurred on	the date and		from the		
		22b. SIGNATURE -	· W.	Hen	dey	, ~	PHYS	IDING ICIAN []	MEDICAL DIRECTOR   P	STAFF HYSICIAN [		7 (S	SIGNED	9
1		22d PHYSICIAN'S	w.	Hewi	wes.	soy	270 ADDRESS	C 7 1 VIII.	ewi)e	At 12	d			
	- (5	SURIAL, CREMATION SPECIFY) MOVAL	N, REMOVAL	1/28/	/79		t Funera.	L Hm.		ntown,	Pa.		STA	TE
		JNERAL DIRECTOR		Type of	ADDRE	SS		250 DATE	REC'D. BY REGIS	TRAR 25h	ISTRAR'S	SGNAT	URE	
	Ty	son Whee	ler Fu	meral	Home,	Rockvi	lle, Md.	JHIN	0 0 13/5	1000	my/	400	MANY	

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		at the same		9.56%
PRINCE GEORGES		. A.D. D		
selected to the select	ENAL MOSPITAL	GS STOROSO BOV	199	ATatable
oun en moit 7500		St122 do 10 14	gorgi, . U.T.	Jun Preside
		Translatil.		
	obeni shallani	200 85 FOR		

injury, ar other troumatic event, the medical examiner must be natified at ance

signed by the attending physician

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial transit permit. I with the State Dept. of Health and Mental Hygiene prior IMPORTANT: If Item 21 is marked ar Item 18 shaws any

DHMH - 16 50M 7/77 (VR A 15 (4))

OR ATTENDING PHYSICIAN:

### STATE OF MARYLAND

79-02387

	1-	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYGI	IENE 79-	02387	
		CEASED NAME EIRST OR PRINT) Sarah	D •	Mi	TOARS	20. DATE OF DEATH	19 - 79	YEAR 26 HOUR
	3. SE:	Female	white	5. DATE C		6. AGE (IN YEARS LAST BIRTH	MONTHS MONTHS	DAYS HOURS MIN.
83	C	RTHPLACE (STATE OR FOREIGN OUNTRY)  St Virginia	U. S. A.	MARRIEI		PRINCE	COUNTY OF DEA	- 10
70	(	Clinton 1	NAME OF HOSPITAL, NURSING (IENOT IN SUCH EACILITY, GIVE STREET AMERICAN NO	ADDRESS) 9	PROTHER INSTITUTION	12a USUAL OCCUPATR (TYPHOUSOWI)	ON 126. I	KIND OF BUSINESS OR USTRY  WM Home
35	130 S	AL RESIDENCE (IF NURSING HOME OR OT ) TATE  MD  PG  13b  COUNTY	THER INSTITUTION, GIVE RESIDENCE BEFOR  136 CITY OR TOY  136 CITY OR TOY		13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e. STREET ADDRESS	fateway	Bleet.
100	14 FA	THER'S NAME UNKNOWN	DDLE LAST		IS MOTHER'S MAIDEN NAM	Jane	Losh	LAST
1		VAS DECEASED EVER IN U.S. ARME (ES, NO OR UNKNOWN) (IF YES, GIVE W)		JRITY NO. 7-98	63 Stella	J. Duley-		Marlboro,
	TION	PART 2 OTHER SIGNIFICANT COL	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF	ENCE OF  DEATH BUT			DITION GIVEN IN P.	
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200. AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C. YES	FINDINGS USED AUSES OF DEATH? NO [
9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIEY MEDICAL EXAMINER)  21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY	AY YEAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUR	( IN ITEM 18, PART 1 OR P	ART 2)
	ME	WHILE NOT WHILE 220.1 certify that (1) (this haspital)	(AT HOME, STREET, FACTORY, OFFICE,	EARM, ETC.)	STREET 1976	CITY OR TOW	2 19	STATE  STATE
		saw the deceased alive an above, (I) (we) (did) (did not) v  22b. SIGNATURE	view the body after death. 19		nd that in (my) (our) opinion d DEGREE  M.D. ATTENDING PHYSICIAN	MEDICAL STAF	22c	/
1		22d PHYSICIAN'S NAME (TYPE OR PR	mosoman ~		4 2 3 5 20	rd Ar	- nd	2013/
	230 B	ürial	1/22/79 W	ashin	gton Nat'l	Suitland	•	
	24 R	Tenardon. Cole uneral Home	eman-UpperM Marylan	ar1bo	109	REC'D. BY REGISTRAR	25b. REGISTRAR'S S	/ / .

DHMH - 16 50M 7/77 (VR A 15 (4))

FOR

24 FUNERAL DIRECTOR OXON Hell

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

COUNTY Wheaton Montgomery Marylan 250. PATAREC DI BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE

26 HOUR

HOURS

17h KIND OF BUSINESS OR

Farrell

APPROXIMATE INTERVAL

None

IF UNDER 24 HRS

IF UNDER I YEAR

INDUSTRY

DAYS

22c. DATE SIGNED

COUNTY

STATE

HENRIE LEGIS DE FILL FORMER the second of the boundary Homerster Tomes North ESCHOOL STATE OF THE PROPERTY OF THE VESSICIAL Start algreen the Land All Shields of Tolking the Short Solf Overdelle History 17405-6009 Mentric Moone Jorgania, in. Cart 

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Commence of the state of the state of

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner

FOR

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

02289

		REGISTRAR			CERTIFICATE OF DEATH					303	300		
		EASED NAME FIRST	M	IDDLE		LAST		20 DATE OF DEA	ниом НТ	DAY YEAR	26 HOUR		
	(ITPE	Addie			MONTO	GOMERY		Janu	ary 29	1979	6:45 A		
	3 SEX	(	4 RACE		5. DATE O			6. AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER 1 YEAR			
	F	EMALE	BLACK	۷	AUG		188C	98	YR	MONTHS DAYS	HOURS MIN		
n	7a BIF	RTHPLACE STATE OF FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	8. MARRIE			9 BALTIMORE					
1	-	CAROLINA	Uis	A.	WIDOW		IVORCED	Prince	George	s County	MD.		
1	10 CI	TY OR TOWN OF DEATH	11. NAME OF H			G HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN					OF BUSINESS OR		
1	G1	enn Dale	Glenn	Dale Hosp	ital			NON	IONE				
1	USUA 13a S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE		113d INSIDE	CITY LIMITS?	13e STREET ADD	RESS				
/			.c.	WASH		YES X	NO:	1116 80	Stil	N.E. WA	SH. D.C.		
	I4 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER	S MAIDEN NAM	AE .	DIE		AST		
1	5	JAMES		TEOMERY	/		rmor	UNKNO			131		
2		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM	ANT	1	ADDRESS				
7.		NO N	A.	579-66-	2498	GWEN	CROUCH	5820 3	RY PL.	N.W. WI	15H, D.C.		
		18 CAUSE OF DEATH (Enter or	ly ane couse per l	line for (o , (b), one	dic					APPRO: BETWEEN	XIMATE INTERVAL		
		PART I DEATH WAS CAUSE IMMEDIA	TE CAUSE (a) 1	lyocardia	1 ini	Earctic	n			min	utes		
	4.7	410-	DUE TO, OR	AS A CONSEQUE	NCE OF	u Tojo i							
		Conditions, if any, which	(b) F	AS A CONSEQUE rterios c	lerot	ic hea	rt dise	ase	1 300	yea	rs		
		gove rise to immediate cause (a), stating the		AS A CONSEQUE									
	30	underlying couse lost	( (c) I	Hypertens	ion								
	7	PART 2 OTHER SIGNIFICANT OSTEOARTHY IT IS		NTRIBUTING TO D	EATH BUT	NOT RELATE	D TO THE TERMI	NAL DISEASE OR	CONDITION	GIVEN IN PART 1	(0)		
	1710			USUMA GOT MON	OREDATIO	ALLIANA S DE DE	201150	I an ALITORS	) Tank is	YES, WERE FIND	NICCHES		
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDII	TION FOR WHICH	OPERATIO	N WAS PERF	DKWED	200 AUTOPSY	IN CE	RTIFYING CAUSE	S OF DEATH?		
	ERTI	216. ACCIDENT WAS UNDERLYING	7 216. TIME OF	IN IURY		Tale HOW II	VHIDV OCCUPPE	YES NO		YES DEBART 2	NO 🗆		
1		OR CONTRIBUTING CAUSE OF DEA	HOUR A.A	A. MONTH DA		216.710 ** 11	130KT OCCORNE	ED (EMIEKINAIOKE)	SE HATORY HATIEM	ID, PARI   OR PARI 2;			
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	21e PLACE C		19	21f LOCAT	ON						
	MEI	WHILE NOT WHILE		EET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY	OR TOWN	COUNTY	STATE		
		220.1 certify that X (this haspi	tal) attended the	deceased from	Aug	. 26	10 77	to Jar	. 29	10 79	that Xi (we) last		
		sow the deceased alive on	Jan. 2'	9 19 7			(our) apinion d	eath accurred an					
		abave XI (we) (did) XXXXX	view the bady o	after death.		DEGREE					ESIGNED		
	10	Mans	191-1	The an			ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF	Jan.	29,1979		
		224. PHY SICIAN'S NAME (TYPE O	R PRINT)			22e ADDRE		Dale Hos					
		James W. N		.D.		1.37		Dale, Ma	-	20769			
T	230 B	URIAL, CREMATION, REMOVAL	23b. DATE	23c N	IAME OF C	EMETERY OR		23d LOCATION	٧		STATE		
	(5	BURIAL	2-1-19	779 FOE	EST	HILLS	centy	ELINITA	ed w	P.G.E.	Mu),		
	24 FL	INERAL DIRECTOR		# ADDRESS			25a DATE	RECID. BY RECIS	PAR 255 REC	STRARIS SIGNA	DURBOLY		
	W.	W. CHAMBERS	517114	a sit, s.i	=. W/	45A. D.	e.			/			

DHMH - 16 60M 1/75 (VRA 15 (4))

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S S S W.					49 MA

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ATTENDING PHYSICIAN: The low ospitol or offending physicion.

ID FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages I and 2 should be filed within 72 hours oftowith the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If them 21 is marked or flem 18 shows any injury, or other traumotic event, the medical examiner must be notified at once.

must be notified of once.

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# FOR STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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_	110	V		V	-	•	_	

	•	REGISTRAR				CERTIF	ICATE OF D	EATH	REG. N	2 - 0	200	•
1	I. DEC	CEASED NAME	FIR	ST /	MIDDLE	1	LAST	L-719	20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
J	line	OK PRINT)	GEN	E WAYNE	MOORE				January 8	. 1979		1:30P M
1	3. SEX	(	VIIIV	4 RACE		5. DATE C			6. AGE (IN YEARS LAST BIRT	THDAY	IF UNCER 1 YEAR	IF UNDER 24 HRS
	N	Male		Whit	e.e	7	22	43	35	YRS	ONTHS DAYS	HOURS MIN
7	7a BIR	RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER M	ARRIED []	9. BALTIMORE CITY C	_		
3	7	/irgini	a	US	A	WIDOWE		ORCED [	Prince G	eorge'	S	MD.
3	10 CI	TY OR TOWN OF	DEATH	J IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET	ADDRESS)			12a. USUAL OCCUPATION OF OF WORK FOR MOST OF	F WORKING LIFE	) INDUSTRY	F BUSINESS OR
2		Lanham			' Hospita		Pr. Geo	o. Co.	Park Pol	icema	<u>n</u>	
A	13a S	TATE		OME OR OTHER INSTITUTION,	13c CITY OR TOW	N	13d. INSIDE CIT	Y LIMITS?	13e STREET ADDRESS			
2		Md.		P.G.	Seabroo	k		но 🗌	9420 Bue	<u>na Vi</u>	sta A	venue
1	14 FA	THER'S NAME FIRST		WIDDLE	LAST			IRST	ME		LAS	ST.
2		Will	iam	H.	Moor	e	A	lise			Elli	S
		AS DECEASED E		S, ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMAN	1T	ASOR!	me as	Abov	е
		Yes			220-40-	7477	Elean	ore T	. Moore,	Wife		
1		18 CAUSE OF D	EATH (En	nter only one couse per	line for joi, (b), one	ارد	1	1	111		APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
		PART I. DE A		AUSED BY: EDIATE CAUSE (0)	HStrocy	tom	n of.	front	al lobe			
1	8	1911		DUE TO O	R AS A CONSEQUE	NCEOF						
١		Conditions, if	any, whi	ich ( ıb)						1		
1		gove rise to	immedio	ote )	R AS A CONSEQUE	NCE OF		1000				
		underlying o	ouse lo		AS A CONSEGUE	,,,,,						
1		PART 2. OTHER	SIGNIFIC	ANT CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1(c	01
ı	NO.											
	CERTIFICATION	190 DATE OF OF	PERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED,	200 AUTOPSY?	20b. IF YES,	WERE FINDIN	AGS USED
	TE	1/3	179	Bra	in tum	N (1	ntrace	nast)	YES NO	YES		NO DEATH
Ž.	CER	21a. ACCIDENT WA		110110 1		V VEAR	21c. HOW INJ	URY OCCUR	RED «(ENTER NATURE OF INJU	RY IN ITEM 18, PAI	RT 1 OR PART 2]	
	AL	OR CONTRIBUTING		120	MONTH BA	197	2, .	NO	11/000			
	MEDICAL	21d. INJURY OC		21e PLACE	OF INJURY		211. LOCATIO	N	CITY OR TOV	4/61	COUNTY	STATE
-	×	WHILE AT WORK	AT WORK	TAT HOME, STE	REET, FACTORY, OFFICE, F	ARM, ETC.)	SINCE		/ CITY OR TOV	VIN	COUNTY	SIAIE
		220.1 certify the	ot (1) (this	hospital) attended th	e_deceased from_	U,	-02	19.79		, }	9 79	that (I) (we) last
1		sow the de	ceosed oli	ive on did not) view the body	19_	79.01	nd that in (my) (	our) opinion (	deoth occurred on the d	ote and hour	and from the	couses stated
		22b. SIGNATUR		ald hot view the body	offer deoffi.		DEGREE		IN	TENSIV.	1 22c. DATE	SIGNED
	21	Will	elm	ena Mil	ruz	- /		TENDING HYSICIAN	MEDICAL STA			
		22d. PHYSICIAN	SNAME	(TYPE OR PRINT)	1		220 ADDRESS		1-0 0L	P.C		
		Wi	1/20	Imina	M. ERU	2	Doct	ANH	Am, m	ol		
	23a. B	URIAL, CREMAT	ION, REM	OVAL 23b. DATE	23c. N	IAME OF C	EMETERY OR C	REMATORY	23d. LOCATION		COUNTY	STATE
	(3	Buri	ial	1-12-	-79 Md	. Ve	t. Cem		Chelten		P.G.	Md
	24. FU	JNERAL DIRECTO		t E Wilhe	1m ADDRESS 43	08 S			RECIDIBY REGISTRAR	25 REGISTR	AP'S SIGNAT	URE
		meral			Suitla				1./12/79			

DHMH-16 50M 7/77 (VRA 15 (4))

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN IN MONTH 2b. HOUR OF ESTI-TYPE OR PRINT) FUNERAL DIRECTOR.

5 FOR YOUR FILES.

10. WITHIN 72 HOURS rancis 5. DATE OF BIRTH RACE IF UNDER 1 YR IF UNDER 24 HRS 24. DATE 2d. HOUR DAY YEAR LAST BIRTHDAY PRONOUNCED MILE DEAD BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED [ DIVORCED FILED, 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK W. KIND OF BUSINESS OR INDUSTRY 3202 Curtis Apt.#106 Heights gt. U.S.A.F 3. RETAIN PA Ret. 130. STATE 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS REC 3202 Curtis Apt.#106 Md. P.G. Hillcrest Heights NO 🗌 WITH FORM PM 3.

T. PAGES 1 AND 2 SH.

DIVISION OF VITAL R 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Marjorie L. Pilkerton Francis Lerov Moreland Sr. 140 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT YES, NO, OR UNKNOWN) tortovee Mildred Moreland same as CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ED AS A BURIAL-TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY u/monary dusca IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF REMOVA Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 9 BURIAL, DRWARDED TO THE CI PAGE 3 SHOULD BE I STATE DEPARTMENT C YES NO K 띪 21e EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 PRIOR 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK KECUTE THE CERTIFICATE,
AGE 4 SHOULD BE FORV
D FUNERAL DIRECTOR: P
FTER DEATH, WITH THE ST 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian MARYLAND, death resulted fram: Natural causes Suicide Hamicide Undetermined manner DATE MEDICAL EXAMINER TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH BALTIMORE, 7 EXAMINER'S NAM TYPE OR PRINT ADDRES: 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Entombment 1 - 9 - 79Resurrection Cem. Clinton P.G Md 24. FUNERAL DIRECTOR 250. DATE RECID. BY REGISTRAR: 256. REGISTRAR'S SIGNATURE DHMH - 17 Huntt Funeral Home Waldorf, Md. (VR A15 ME (5)) 15M 7/77

STATE OF MARYLAND

79-02391 telling the rest of the same and the same and the same and the same at the sam Translater of the translation of the translation of the translation do les sons bundent lerelle Versie us Da The second section of the second section of the second section is a second section of the second section of the second section The state of the s The product of the contract of the ntombment I-1-19 besigned ton our dinten E.H. Md. . htt. Archiel omol ferrourt frantle

	Item #22a Film G528 2/26/79 rc STATE OF MARYLAND	
	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 0 - 0 2 3 9	3
15	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH / Sec. NO. 4 3 3	9
		PAY YEAR 25 HOUR
W al was	(TYPE OR PRINT) WILLIAM MATED 1-9	19 70 M
₹6#8#	3. SEX 4 PACE , S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH C	DAY YEAR 24 HOUR
F F F F	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	1045
SARY, BAL DIRE	2 3 60 / V IKS.	19 74 D M
LECESSA UNERAL FOR YENTHIN	16. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY C	OF DEATH
		AD.
THE PLOY IS NOT THE PLOY W. IS NOT WELLED, V. 15001 W. I.		KIND OF BUSINESS
FELAY IS P TO THE P I PAGE 9 SS, 201 W	Chapel Onks 1217 Description of the control of the	OR INDUSTRY
- SOS BE	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	onstavetion
F ANY DEL AND 3 TO RETAIN HOULD BE RECORDS	136. STATE 136 COUNTY 136. CITY OR TOWN 13d. INSIDE CITY LIMITS? 136. STREET ADDRESS	/
IF ANY DELA IF ANY DELA 3. RETAIN P. SHOULD BE I. RECORDS.	Md F. E. Chapellake YESK NO 1217 Vocavoud &	1711e
MD. NATH.	14 FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE AND MIDDLE	LAST
OF AND PER	Alec C Mayler Snaph Hicks	
IMORE, ME FIER DEATH E PAGES 1, FORM PM ON OF VIT	160. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO, OR UNKNOWN)   (IF YES, GIVE WAR OR DATES)	LINE COULT
BALTIMOR RS AFTER I GIVE PAGE WITH FORM PAGES 1 /	1/200 / 1/1/1/2 127-1/20102 / CARRY T. 3300	10.
BALTIMORE, MD, 2 URS AFTER DEATH 1 URS AFTER DEA	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL
	PARTIDEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
ESTON ST. HIN 24 HC IN ITEM I R ALONG SIT PERMI HYGIENE,	MMEDIATE CAUSE (OF	
ESTON HIN 24 IN ITE/ IN ITE/ IS A PLO? SIR PER HYG/EI	Conditions, if ony, which	
W. PREST	gave rise to immediate (but the transfer of the control of the con	
W.P ED W AMIN L-TRA	cause (a) stating the <u>under</u> lying cause last.  DUE TO, OR AS A CONSEQUENCE OF	
5, 301 W. PREST KECUTED WITHIN 3". IN PENCIL IN "AL EXAMINER A BURAL-TRANSIT DN. OR REMOVAL	tymy cooleidas.	
EXECUT NG" IN ICAL E) A BURLE A ADD A TION, OI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
L RECORDS, 301 W. PRE ULD BE EXECUTED WITH "PENDING" IN PENCIL IF MEDICAL EXAMINES SED AS A BURIAL-TRAN HEALTH AND MENTAL CREMATION, OR REMO.		
REA REA	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210 EXTERNAL CAUSE WAS 21b TIME OF INJURY HOLM AN ADDITED DAY YEAR 10 PART 1 OR PART 21 OR	0. AUTOPSY?
OF VITA  ATE SHC  WORD  THE CH  THE CH  WENT OF	210 EXTERNAL CAUSE WAS 216 TIME OF NJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2]	YES U NO [
O AMERIKA	JUNDERLYING OR CONTRIBUTING CAUSE OF DEATH  D.M. 1-9 1979 Cold - Crouse While a stage 11	1 1
IN THE CANAL ARTIM	5 CONTRIBUTING CAUSE OF DEATH P.M. 1 -9 1979 COEB - Trouse will as larp 11	1 Ded
DIVISION OF VI S CERTIFICATE SI RITING THE WOS RDED TO THE C RDED TO BURLA	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 1-91979 COLD TOTALLE WHILE OS 144 P 10 TO TOTALLE WHILE OS 144 P 10 TOTALLE OF INJURY (AT HOME, STREET	27475
DIVISIC THIS CERTI E. WRITING RWARDED T RWARDED T STATE DEPA	AT WORK AT WORK STREET ACTORY, FARM, ETC.)	5. Dy Garan
D R: THIS TE, WRI DRWARI STATE		In R
CATE, FOR THE STATE	270. I certify that I taok charge of the remains described abave, held on Autapsy , Inspection , Inquiry , and in my opinio	
LA FERRITA	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner,	
CER WIN	ACTUAL ACTUAL OF ACTUAL TITLE SPECIFY)	1 - 7/
4 H 5 4 F F W	SIGNATURE / SURVEY M.D. LE MALLY MEDICAL EXAMINER SIGNED	-10-19
DIC TE TE T NER OBEA	EXAMINER'S NAME AS A POLICE OF THE STATE OF	0 1
# D # E # }	(TYPE OR PRINT) HULLS TO P. 1200N 16402 ADDRESS 12 XIDUINW WIND COLL	OXW #111
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORVATO FOR THE REATH, WITH THE STERD EATH, WITH T	236 BURTAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR JOWN	V00 V2
100 (BP	1-16-79 It-gameny Itinh law Post	Mad
DHMH · 17	24. FUNERAL DIRECTOR 2/6 2 3 TO DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGN	ATURE
(VR A15 ME (5))		Ka Creody
15M7/77	HIS WAY MINGTON CESTS NAMMER HISOKAGE,	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST DECEASED NAME In DATE OF DEATH MONTH 7b HOUR TYPE OF PRINTS E. JOSEPH VAPOL FON 01-16-70 4 RACE AGE LINYEARS IF UNDER ! YEAR 3 SEX Male White Sept.18.1909 69 YRS 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE STATE OF FOREIGN MARRIED NEVER MARRIED Italy U.S.A. Prince Georges' O CITY OF TOWN OF DEATH 126. KIND OF BUSINESS OR INDUSTRY PIECK OF WORK FOR MOST OF WORKING LIFE)
Truck Driver Prince Geo's General Hospita Cheverly DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
38 STATE 1136 COUNTY 1136 CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 12620 Darlenen Street Upper Maryland Pr.Geo's Marlboro 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Napoleon (Nee Napoleon) Anthony Beatrice In WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT 12620 Darlenen Street (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Marie Napoleon-Upper Marlboro, Md. No 2007 OFIERVAL 8 CAUSE OF DEATH (Enter only one couse per line to PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS FERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO T 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 710 ACCIDENT WAS UNDERLYING 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION ITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY NOT WHILE AT WORK 22a I certify that (1) (this he deceased and that in (my) four opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNE ATTENDING MEDICAL should be deta with the Store I DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) Laurel-Bowie Road J. Shigo, Bowie Maryland 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE 1/18/79 Burial Washington Nat'l Cem. Suitland (Pr.Geo's)Md. Coleman-Upper Marlboro, Md. 20879: DHMH - 16 60M 1/75 (VRA 15 (4)) Funeral Home

11.5 Best. 15,1369 1 89 1 L'action Dariett . 2. 8. U. C. garding atonogal the free to orco[vish (MOLIGRAL SEE, -- BRIERO Toslocut ---Jesiste manel me assess Then simps - I am I I I I I I I 1/10//30 / Maining to hat 1 2 doll of the car (see ) and (see ) and (see ) 

## STATE OF MARYLAND

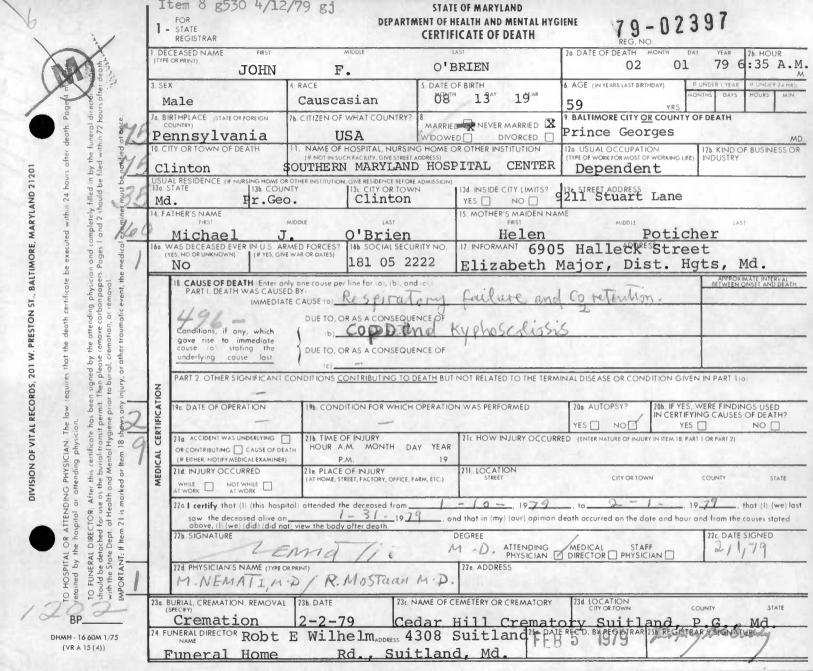
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02396

	1 -	FOR STATE REGISTRAR	DI		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 79	-0239	16	
		CEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
	(TIPE	Charles	Robert	Nic	hols	January 13	1979		2:18p. M
	3 SE	x M	4 RACE TIL SA	5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF UND	DERIYEAR	IF UNDER 24 HRS
		171	Wh ite	May	2, T.91.4 YEAR	64	YRS.	S DAYS	HOURS MIN
	7a, B1	RTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT COL	INTRY? 8	M	9 BALTIMORE CITY O		EATH	
36		OUNTRY) Maryland	USA	WIDOWE		Prince Geo			MD
33		TY OR TOWN OF DEATH  anham	11. NAME OF HOSPITAL,  (IF NOT IN SUCH FACILITY, GP  Doctors Hosp	VE STREET ADDRESS)	nce George's	120 USUAL OCCUPATION (TYPE OF WORK FOR MOSTO CO. Plant em	on f working life) ployee S	L KIND O	ay Milk
33	USU. ₹3a S	AL RESIDENCE (IF NURSING HOME OF	NOTHER INSTITUTION GIVE RESIDEN	PR TOWN	13d INSIDE CITY LIMITS?	13e SIREEL ADDRESS PO	inter Ri	dge	Co. Drive
	14 FA	THER'S NAME			15. MOTHER'S MAIDEN NA	ME			
61		charl Charl	es oscar Nich	nols	FIRST XXX		e Lethbr	idge	T
		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIA	AL SECURITY NO.	17 INFORMANT	ADDRE	SS		
1		no	21.8	07 3640	Adelia Nic	chols same	as above		
9	CERTIFICATION	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last  PART 2. OTHER SIGNIFICANT (  TYPHINA)  190 DATE OF OPERATION	19/CONDITION FOR	NSEQUENCE OF PASE OF P	N WAS PERFORMED	DALLIS ASE OR CONI	20b, IF YES, WEF IN CERTIFYING YES	RE FINDIN CAUSES	NGS USED
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	THOUSE A ALL MONEY	TH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 1B, PART 1 O	R PART 2)	
-	CAI	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19	Y TIVE Y				
7	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOV	N CC	YTAUC	STATE
		220 1 certify that (1) this haspens on the deceased orive an approve (1) (we) (dien (dien to 22b SIGNATURE)  22d. SHYSICIAN'S NAME (TYPE C	or) view the body after death	_19, ai	. 19 Ind that in (my) (our) opinion of OEGREE  ATTENDING PHYSICIAN  22e ADDRESS		FF 2	from the	
1									
	23a. E	Burial, Cremation, Removal Burial	Jan. 1.6, 1.9		EMETERY OR CREMATORY  1 Cemetery	23d. LOCATION BITY OR TOWN	ville, Mo	ty d	STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR
DOFnaldson Funeral Home, Laurel, Md



FOR STATE

STATE OF MARYLAND CEDTIEIC ATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02399

		REGISTRAR				CENTIL	TOTAL OF	, LAIII	REG.	10.			
		CEASED NAME	FIRST	~	AIDDLE	ı	AST		20. DATE OF DEATH	MONTH	DAY YEAR	Zh HOU	
	(1172	ANTON	IO	CARM	En	OPPID	0 .	THE	JANUA	RY 25	9 1979	5:3	P _M
	3. SEX	(		4 RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER I YEAR	IF UNDER	
		MALE		WHIT	re e	DE		1915	63	YRS.	MONTHS DAYS	HOURS	MIN
	7a. BIF	RTHPLACE (STATE OR FORE	EIGN	76. CITIZEN OF	WHAT COUNTRY	(? 8	D NEVER	AAAPPIED 🗍	9 BALTIMORE CITY	OR COUNT	Y OF DEATH		
7		W JERSEY		U.S		WIDOWE	D D	VORCED [	PRINCE C	EORG	ES COU	NTY	MD.
-	10 CI	TY OR TOWN OF DEATH	Н		OSPITAL, NURS		R OTHER INS	TITUTION	120. USUAL OCCUPA (TYPE OF WORK FOR MOST		12b. KIND C INDUSTRY	F BUSIN	ESSOR
0	AN	DREWS AFE	3	MALCOL			MEDIC	CAL CE	NTER 1ST			ITAR	Y
1		AL RESIDENCE HENURSING	G HOME OF		GIVE RESIDENCE BEFO		13d. INSIDE (	ITY LIMITS?	13e. STREET ADDRESS				
9	MA	RYLAND	PG		SUITL		YES 🔀	NO 🗌	6017 EI		ORF DR	IVE	
	I4 FA	THER'S NAME		MIDDLE	LAST	1230	15 MOTHER	S MAIDEN NA	ME	100	LA:	ST	
öl		ANTONIO			OPPI	DO (D	1.15	MATIL				STA	(D)
7		AS DECEASED EVER IN		MED FORCES?	166 SOCIAL SEC	CURITY NO.	17 INFORM	ANT	ADD	₹ESS			
1	(,,				136-10	-6577	ELIZA	BETH	OPPIDO (W	) SA	ME AS	#13e	
29		18 CAUSE OF DEATH	Enter on	ly one cause per	line far (a), (b)	nd (c		1		-	BETWEEN	IMATE INTE	DEATH
		PART I. DEATH WAS		E CAUSE (a)	Card	iae c	and						
	н	4275		DUE TO, OF	R AS A CONSEO	UENCE OF							
33		Conditions, if ony, v		( (b)									
		gave rise to immed cause (0), stating	the	DUE TO, OF	R AS A CONSEO	UENCE OF							
		underlying cause	lost.	(c)								18.1	
	7	PART 2 OTHER SIGNIF	FICANT	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	VDITION G	IVEN IN PART 1	a1	
	CERTIFICATION												
9	ICA	190 DATE OF OPERATIO	NO	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFO	DRMED	20a AUTOPSY?	IN CERT	ES, WERE FINDI	NGS USE	D TH?
$\chi_{i}$	RTI				F 1-111-011		To the training		YES NO		YES 🗌	NO [	
9		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL		216. TIME OF		DAY YEAR	ZIc. HOW IN	JURY OCCURI	RED (ENTER NATURE OF IN.	URY IN ITEM 18	i, PART 1 OR PART 2)		
1	ICA	(IF EITHER, NOTIFY MEDICAL	EXAMINER)	P.A		19							
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		AT WORK	, L			4 2 4		(	A 25.		- 77		
		220.1 certify that (1) (the saw the deceased		20 7	Tan	100	TAN	19.79	to	hv	., 19 7	thot (I) (	,
		obove, (1) (we) (did	) Ida oo	ti view the body	after death.			(aur) opinion	death occurred on the	date and he			
		22b. SIGNATURE		911		A	DEGREE	ATTENDING	MEDICAL ST	AFF	22c. DATE	SIGNED	
		Edwa	wx	210	uper	74		PHYSICIAN [	DIRECTOR PHYS		29	JAN	79
1		22d. PHYSICIAN'S NAM			MAT II	CAE	MC	AND	REWS AFB	MAR	RYLAND	2033	31
1		EDWARD G	. RU	JPERT,	MAJ, U		L MA	LCOT.M	CROW USA	MEL	TCAL C	ENT	ER
	23a. B	URIAL, CREMATION, RE	MOVAL	23b. DATE			EMETERY OR	CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	51	ATE
		Burial	The Late	2-2-7	9 Ar	lingt	on Na	tl. Ce	m. Arlin	igtop	, Virg	inia	1
	24. FU	INERAL DIRECTOR RO	obt	E Wilh	HOUNESS			nd 250. DAT	E REC'D BY REC'STRA	R 25b. REGIS	SIRAR'S SIGNAS	Willead	4
	Fu	neral Hor	me	Rd.,	Smitl	and,	Md.		25 2 1070		/	11	/

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F. Gasch's Sons P. A "Myattsville, Md.

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(VR A 15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR

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(VR A 15 (4))

Stewart Funeral

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH 1 DECEASED NAME 2h HOUR (TYPE OR PRINT) Ashby Pantazis 1/88/79 11:450 3. SEX IF UNDER I YEAR DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY IF UNDER 24 HRS MONTH YEAR DAYS 0 0 1/5/03 76 white 10. BIRTHPLACE STATE OF FOREIGN nerol dir Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED Pr. Georges DIVORCED West Virginia WIDOWED III. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Clinton Southern Maryland Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 0 Apt. 203 YES [ NO [ 2730 Lorring Dr. Forstville Georges Maruland 4 FATHERS NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST John W. Phillips Oda Rader 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO **ADDRESS** 17 INFORMANT Above (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 579-24-3264 Steve Pantazis, Husband, Same as No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 Conditions, if ony, which gove rise to immediate couse to, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/o DIVISION OF VITAL RECORDS, CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ NO [ NO Hygi 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 11. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 220.1 certify that (I) (this hospital) attended the decreased from sow the deceased alive on 5 AA and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22¢ DATE SIGNED DEGREE ATTENDING DIRECTOR PHYSICIAN should be with the SimPORTA 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, REMOVAL 23b. DATE Brentwood, B.G., Md. (SPECIFY) Ft. Lincoln 2-2-79 Cem. BP Burial DDRESS 4308 Suitland 250. DATERED D. BY REGISTAR 256. RESISTRATES GO TO THE DOLLAR STATE OF THE PARTY OF THE 24 FUNERAL DIRECTOR RObt DHMH - 16 50M 7/77

Rd., Suitland, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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(VR A 15 (4))

Funeral Home

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S NECESSARY PLEASE FUNERAL DIRECTOR 5 FOR YOUR FILES W. PRESTON STREET,	3. SEX	1 1	1 -1	5. DATE OF BIRTH	YEAR LAST BIRTHD	ARS IF UN		MIN. PRONOUNCED	MONTH D	AY YEAR	2d. HOUR
SARY ALDI YOU STON	70. BI	RTHPLACE (STATE OR	1110	Feb. 18,1		8		9. BALTIMORE CIT	Y OR COUNTY C	F DEATH	O/ M
NECESSARY FUNERAL DI FUNERAL DI S FOR YOU WITHIN 72	Pe	REIGN COUNTRY) Ennsylvania		U.S.A.		WIDOW	ED NEVER MARRI	ED L	(ne orge		MD.
1 H B B B G S 2	10. C1	TY OR TOWN OF DEAT		(IF NOT IN SUCH FAC	PITAL, NURSING HOMI			120. USUAL OCCUPATION ( FOR MOST OF WORKING LIFE)	TYPE OF WORK 12b.	KIND OF BUS OR INDUSTRY	INESS
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RETA RECO			Pr. G	eo.	Bowie		YES NO	12320 Rambli	ng Lane		
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., BALTIMORE, MD  JURS AFTER DEATH  18. GIVE PAGES 1,  WITH FORM PM  T PAGES 1 AND  T PAGES 1 AND  T PAGES 1 AND  T PAGES 1 AND  T PAGES 1		no		n/a	198 03 18	07	Henry Pat	rick Same as			
S = 2 2 2 3		18. CAUSE OF DEATH PART I DEATH WA	l (Enter only S CAUSED IMMEDIATE	BY: ( Ih'	or (0), (b), and (c).)	Hue	True Juli	monary de.	sease	APPROXIMATE IN	NIERVAL AND DEATH
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WITH NOTE THE EMONTH		gave rise to i	mmediate	(b)	AS A CONSEQUENCE	25	<i>'</i>				
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EXAMINER CERTIFICATION BE FOI DIRECTOR: WITH THE ARYLAND, 3		deoth resulted from:	) Noturo	Il couses .	Accident L., Su	icide []	, Homicide	Undetermined manner	٦,		
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AEDIC CUTE 1 SE A SE MORE		EXAMINER'S NAME (TYPE OR PRINT)	(/ Augus	to P. Rod	riguez	1:40	12800	Willow Wind C	ircle,0x	on Hill	L.Md.
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040 BP		Cremation		3 Jan 79	Metropo	litan	Crematroy	Alexandria.	Virgini	8.	
DHMH - 17 (VR A15 ME (5))	24. FU	INERAL DIRECTOR R	obert	G. Beall	Funeral H	ome	4 4	EC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGN	ATURE	4
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STATE OF MARYLAND

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		1,0		REGISTRAR				CERTIF	ICATE OF DEAT	H	Y 9 REG. NO	240	,	
- Line				CEASED NAME	FIRST		MIDDLE	Į.	ASI		a. DATE OF DEATH	MONTH DA	LY YEAR	26 HOUR
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000	direc	0		RTHPLACE STATE OR FO	REIGN		WHAT COUNTRY?	8		- 9	BALTIMORE CITY OF		OF DEATH	
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<b>m</b>	g -	O	16a. W	AS DECEASED EVER	IN U.S. AR		16b SOCIAL SECU		17 INFORMANT	Wife	ADDRES	SS	rayio	1
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PRE	e at may matic	101		gave rise to imm	rediate	(b)_6	our w	OUR	u one	MAG	Commons		1,90	ans_
₹ +	se re	o the		underlying cause		DUE TO, OF	ROS A CONSEQUE	NCE OF	- Post	0 1	1		40	111
201		10		PART 2 OTHER SIGN	HEICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUZ	NOT RELATED TO TH	HE TERMIN	IAL DISEASE OR COND	ITION GIVE	N IN PART 10	
DS,	segr Then to b	مادر	Z	D. to	all	De Fox	Hen-	FI	incomo	TE TERMIN	AL DISEASE OR COND	11014014	The same of the sa	
0	been mit.	y and	CERTIFICATION	196 DATE OF OPERAT	ION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	,	20a AUTOPSY?		WERE FINDIN	
L RE	has per	2	IFIC								YES I NOV	IN CERTIFY YES	ING CAUSES	OF DEATH?
ATI/	ysicio cate ransit Hygie	8 0	CERI	21a. ACCIDENT WAS UND	ERLYING				21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJURY			
OF V		Item /	-	OR CONTRIBUTING C		AIR		YEAR						
DIVISION OF VITAL RECORDS,		or It	MEDICAL	21d INJURY OCCURR		21e PLACE	OF INJURY		211 LOCATION					
1SIA	er the	ked	¥	WHILE NOT WH	IILE RK	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TOWN	N	COUNTY	STATE
ā 2	Aft Aft Se postith	anor		22a I certify that (I)		→at) attended the	e deceased from _		12/2/ 19	7.5	) to/	1151	75	that (I) (week) last
Z	TOR TOR	21 is	41	saw the decease	d alive an	1/	15 19	25 .01	nd that in (my) (a	opinian de	ath accurred on the da	te and haur	-	
	DIREC Direct Dept.	te a		obove, (1) (we) (d 22b. SIGNATURE	(Qia	er i view the bydy	offer deoffi.	•	DEGREE				22c. DATE	SIGNED
		**		XVV	Du	AMA.	N		ATTENE		MEDICAL STAF		1/1.	5/19
A HI d	FUNERAL ould be determined by the State	Z		22d. PHYSICIAN'S NA	ME (TYPE)	O PRINT)	7		22e. ADDRESS		Since (ON E.) THIOLES	,,,,,,	Delan	11.11
Č	TO FUN	MPORTANT		De Lou	V	V KALL	- DA		10005-	. ET	" Inach with	n 00	Oyon	on of
,, ,	should with	2	23a B	URIAL, CREMATION, I	REMOVAL	23b. DATE	230.1	IAME OF C	EMETERY OR CREMA	ATORY	23d. LOCATION			774
4-40	BP		(5	Burial		Jan.		edar	(1)	tery	Suitland	Pr.	Geo	Md.
DHM	H - 16 60M 1/75			INERAL DIRECTOR				Ox		25a. DATE F	REC'D. BY REGISTRAR 2	Sb. REGISTR	AR'S SIGNAT	URE
	VR A 15 (4))	100	Ge	eorge P. Ka	alas-	6160-0xc	on Hill R	d	Md.	100	1 22 1979	first	my Mal	ready
										-VAI	1 fed   1961 1961 1			-

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ned by the ottending physician and completely filled in by the funeral dir please remove corbanpapers. Pages 1 and 2 should be filed within 72 hai

should be detached for use as the burial-transit permit. Then please remove corbanyape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

Funeral Home

TO FUNERAL DIRECTOR. After this certificate has been

FOR - STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

79-02407

		REGISTRAR				CENTIL	ICAIL OI DEATH	REG. N	10.		
9		CEASED NAME	FIRST		MIDDLE	į.	AST	20. DATE OF DEATH		DAY YEAR	26 HOUR
	(TIPE	LILL	IAN	Ŕ	EBECCA	PENN	NINGTON	JAN	10	1979	11:35P
	3 SE	x		4 RACE	Sala Price	5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
		FEMALE		WHIT	E	FEI	3 28" 1913	65	YRS.	MONTHS DAYS	HOURS MIN
2	7a. BI	RTHPLACE ISTATE OR FORE	IGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
52		RYLAND		Ü	I.S.A.	WIDOWE		PRINCE GE	ORGES	COUNTY	MD.
25		TY OR TOWN OF DEATH		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADORESS)	OR OTHER INSTITUTION  DICAL CENTER	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST I HOUSEWI		12b. KIND O INDUSTRY	OF BUSINESS OR
34	13a S		b COUN		GIVE RESIDENCE BEFORE 134. CITY OR TOWN FORESTVII	N	13d. INSIDE CITY LIMITS?	134. STREET ADDRESS 3735 DON	NELL !	DRIVE	
66	14 FA	THER'S NAME FIRST F'RANK		AIDDLE L.	LAST CHANEY	(D)	15 MOTHER'S MAIDEN NAME FIRST ANN	WE		Edel	
		VAS DECEASED EVER IN	U.S. AR	MED FORCES?	166 SOCIAL SECUI		17 INFORMANT	ADDR	ESS	0 1/3/1/77	D T BATE
1	()	YES, NO OR UNKNOWN) (1	F YES, GIVE	NA NA	578-12-03	393	CHARLES F. PI	ENNINGTON (	6.1	O XAVIEJ ESTVILLI	E, MD
44		18 CAUSE OF DEATH			line far (a), (b), and	dic	0.0			BETWEEN	MATE INTERVAL ONSET AND DEATH
	- 11			E CAUSE (a)	Burst	soc	taller			20	dows.
				(b)	R AS A CONSEQUE	NCE OF	The las	notion 1		20	arp
	NO	PART 2 OTHER SIGNIF	ICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	VEN IN PART 1	31
2	CERTIFICATION	19a DATE OF OPERATIO	Z	196 COND	TION FOR WHICH	OPERATION .	N WAS PERFORMED	20a AUTOPSY? YES NO X	IN CERTIF	S, WERE FINDIN FYING CAUSES ES [	
9		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAU	SE OF DEA	21b. TIME O HOUR A. P.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18, P	PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		21e PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		22a I certify that (1) (the saw the deceased abave, (1) (we) (did	alive on.		19_	, an	nd that in (my) (our) apinion (	, ta death occurred an the d			that (1) (we) last couses stated
		No. SIGNATURE						MEDICAL STA		22c. DATE 10	JAN 79
1		JAMES M.	,				ANDRE			CAL CE 20331	NTER
	23o E	BURIAL, CREMATION, RE SPECIFY) Burial	MOVAL	23b. DATE 1-15-			EMETERY OR CREMATORY Natl. Mauso	23d. LOCATION CITY OR TOWN	+1224	COUNTY	STATE
	24 FI	JNERAL DIRECTOROD	+ F				uitland 250 DAT			IRAR'S SIGNAT	
		neral Hom		P.A.	AOORESS		1	N 16 1979		rymol	

Suitland, Md.

Rd.,

DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) F. 520 1 - 30-E 151E ENSATO 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER I YEAR MONTH YEAR WHITE FMALE 1910 To. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY) MARRIED NEVER MARRIED U.S.A. Pr. Geo. ENSA CULA. WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY MANOR CARE-MARYLAND 21201 Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 37Th PIACE 5715 COTTAGE C.17 NOF 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE Ward John Smith Eva 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT LYES. NO OR UNKNOWNI LIE YES GIVE WAR OR DATEST 578-12-2/120 Vincenzo Pensato- above address No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). (Husband) PART I. DEATH WAS CAUSED BY: I ciminal cerebral ears IMMEDIATE CAUSE (a. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) DIVISION OF VITAL RECORDS, CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED ď IN CERTIFYING CAUSES OF DEATH? NOL YES [ NO [ 210. ACCIDENT WAS UNDERLYING 21h TIME OF INIURY H 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 1/30 22a. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on_ , and that in (my) (our) opinion death occurred on the date and hour and fram the causes stated above, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN FUNERAL uld be deta MA MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ARLINGTON RD, BETHESDA, MD CEKAGUL, MID 030771 Shoul with 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Brentwood Ft. Lincoln Cemetery Burial 24 FUNERAL DIRECTOR Nalley's F.H. Inc. ADDRESS Mt. Rainier, Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/73 (VRA 15 (4))

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02410

		REGISTRAR				CERTIF	ICATE UF	DEATH	1 3 REC	G. NO		
		CEASED NAME	FIRST	-	WIDDLE		AST		20 DATE OF DEAT	H MONTH	DAY YEAR	2b HOUR
	(11172		MES		4	DE	RRY			1 12	79	2:43P M
	3. SE)		H-N-N	4 RACE		5. DATE O	OF BIRTH	11 11 11 11 11	6 AGE (IN YEARS LAS		IF UNDER I YEAR	
		ALE		BLACK		June	28°,	1934	1414	YRS.	MONTHS DAYS	HOURS MIN
A	7a BII	RTHPLACE ISTATE OR FOR	EIGN	76 CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	NEVER	MARRIED [	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	Electrical III
1	Wa	shington, D	.C.	United	States	WIDOWE		OVORCED [	PRINCE	GEORGE	S COUN	TY MD.
21	10 CI	TY OR TOWN OF DEAT	Н		HOSPITAL, NURSI H FACILITY, GIVE STREE		OR OTHER IN	STITUTION	12a USUAL OCCU (TYPE OF WORK FOR M	PATION	126 KIND INDUSTRY	OF BUSINESS OR
7		HEVERLY AL RESIDENCE (IF NURSIN	C UPUE OF	PRINC			HOSPIT	AL	Laborer		Const	truction
3	13a S	TATE I	36 COUN	VIY	Seat P	WN		CITY LIMITS?	13e STREET ADDRE		et	
	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER	'S MAIDEN NAM	ME			
16	Ja	mes		MIDDLE	Perry		Mat		MIDD	Le	Dunst	ion
1	16a V	VAS DECEASED EVER IN	U.S. AR	MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORM		AC	DRESS		
	ye			-1955			Cynth	ia Perry	y-wife-69	08 Avon	St Ses	t Pl Md
		18 CAUSE OF DEATH			line for id the a	nd ie	4-	0		. /		XIMATE INTERVAL ONSET AND DEATH
		PART I. DEATH WA	S CAUSE	D BY.	Tilleres	& In	mal Ps	vanos	word, I	tun	ar week	CHSEL AND DEATH
		EMIN	MMEDIAI	TE CAUSE (0)	111	,		11	1900			
		0//2		DUE TO, OI	R AS A CONSEQU	JENCE OF	Que	Lelys	Mo		1	
		Conditions, if ony, or gove rise to imme	diote	(b)	17/	707	- A	1	/			
		couse tot, stating underlying couse	the lost	DUE TO, OF	RAS A GONSEQU	JENCE OF	AA.	lim-				
				(c)	COV	7000	Jerry		3			
	Z	PART 2 OTHER SIGNII	FICANT	ONDITIONS <u>CC</u>	DATKIRATING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR C	ONDITION GIV	EN IN PART 1	(0)
-	CERTIFICATION	19g. DATE OF OPERATION	NC	19h CONDI	TION FOR WHICH	H OPERATIO	N WAS PERE	ORMED	20g AUTOPSY?	20h JE YES	, WERE FIND	INGS LISED
3	FIC.	I AL DATE OF OTERATION		178 CONDI	TION TOK WITHE	TOTERATIO	TT TASTERI	OKWLD	1 2 3 3 4 3	IN CERTIF	YING CAUSE	S OF DEATH?
1	ERTI	21a. ACCIDENT WAS UNDER	PLYING T	7 21b. TIME O	E INTITIDY		12), HOW	NUMBY OCCUPE	YES NO			NO 🗆
9		OR CONTRIBUTING CA	_		M. MONTH	AY YEAR	21t. 110W	1430KT OCCORR	ED (ENIER NATURE OF	INJURY IN HEM 18, P	ART TORPART 2)	
-	ICA	(IF EITHER, NOTIFY MEDICAL		P./		19					5.004	
	MEDICAL	21d INJURY OCCURRE		21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC.)	21f LOCAT STREE	ION	CITY O	RTOWN	COUNTY	STATE
		AT WORK	· 🗆									
		22a.l certify that (I) (t			-	10	1-7	2.19	, to	12	19	, that (I) (we) last
		sow the deceased above (1) (we) (dia	olive on d) (did no	t) view the body	ofter death.	, or	nd that in (m)	) (our) opinion o	death accurred on the	ne date and hou	r and from th	e couses stated
		226. SIGNATURE	2 /	0		1. 1	DEGREE				22c. DAT	SIGNED
	911	Kover	R	uller	non	M		ATTENDING PHYSICIAN		STAFF YSICIAN [	1//	3/19
		22d. PHYSICIAN'S NAM	AE (TYPE O	R PRINT)		-	22e. ADDRE	SS	4 17 5 5 5	7113	/	
		ROBERT RI	UDER	MAN M.D.			6201	GREENBE	ELT ROAD.	COLLEGE	PARK	MD_20740
	23 B	URIAL, CREMATION, RE	MOVAL	23b. DATE	23ε.	NAME OF C		CREMATORY	23d. LOCATION		COUNTY	STATE
		BURLAL	انت	01/17/	79 Cl	nellen	ham Ce	metery		sville,	Maryl	and
	24 FU	NERAL DIRECTOR			ADDRESS			25a. DATE	REC'D. BY REGISTI			TURE
	AL	EXANDER S.	POPE	E-2617 P		nia A	ve.,S.	E. JA	N ZZ 19/9	heart	1	

DHMH - 16 60M 1/75 (VR A 15 (4))

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	June 25, 1934		
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and and a	in v	Years O	25,04
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ALLANDER S. POPE-SELY Pennsylvenia Ave. S.E.

DHMH - 16 60M 1/75

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-02411

	1-	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYGI	IENE REG. N	79-02	411
		CEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY	YEAR 2b HOUR
7		OR PRINT) Alita		eyse		January		5:15-AM
	3 SEX	X	4. RACE	5 DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	DAYS HOURS MIN
		emale	Cau.	May	17,1896	82	YRS.	
16	CC	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DE	ATH
01		ew York	U.S.A.	WIDOWE		Prince		MD.
75		TY OR TOWN OF DEATH  Linton	11. NAME OF HOSPITAL, NURSING CLINTON COMMU	ADDRESS)		170 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Homemak	F WORKING LIFE) INDI	KIND OF BUSINESS OR USTRY WN HOME
35	USU/ 13a S Ma	AL RESIDENCE (IF NURSING HOME OR STATE LAND LAND LAND LAND LAND LAND LAND LAND	TO THE RINSTITUTION, GIVE RESIDENCE BEFOR 131. CITY OR TOVE Brandyw		13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 14102 S.	Springs	field Road
1,	14 FA		MIDDLE LAST		15 MOTHER'S MAIDEN NAM FIRST	MIDDLE MIDDLE		LAST
Cal			lbert Stadel		Alita	Maria	Caro	leza
1	160 V	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECULAR OR DATES) 578-62		B Eleanor E	. Goldsmi		as 13
		18 CAUSE OF DEATH Enter on		.1			BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSE	TE CAUSE (a) MYOE	ardia	& infared	in		Days
		Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause lost	DUE TO, OR AS A CONSEOU    b)   Falsoit  DUE TO, OR AS A CONSEOU		l infarct	t disea	20	years
			(c)	DEATH DUT	NOT BELLIED TO THE TERM	NAME OF OR COM	DITION COVENING	ADT 1
	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	IN AL DISEASE OR CON	DITION GIVEN IN P	AKI I(a)
	ATIC	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE	FINDINGS USED
2	IFIC					YES NO NO	IN CERTIFYING C	AUSES OF DEATH?
9	CAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR		RY IN ITEM 18, PART 1 OR P	'ART 2)
	MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	vn cour	NTY STATE
		22a.1 certify that (1) (this hospit	attended the deceased from 19	79 or	nd that in (my) (assispinion of	to fan deoth occurred on the de	ote and hour and fro	that # (we) last om the couses stated
		22b. SIGNATURE	Toler	la A	DEGREE  ATTENDING PHYSICIAN	MEDICAL STA	FF	DATE SIGNED
1		22d. PHYSICIAN'S NAME (TYPE O	LEE. 14.1	2.	Cliaton Co	mas Hospi	Tal, Clin	ron Med.
	23o E	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COLINTY	STATE
		irial	1-11-79 Ar	ling	ton Nat. Cer	n. Arling	44	rginia
		UNERAL DIRECTOR	ADDRESS		250. DATE	REC'D. BY REGISTRAR	THE REGISTRAL S	SHATIAT
	Hu	intt Funeral	Home Waldorf,	Mary	yland JAN 1	( 13/3		

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Bunta Punning Bone Valdorf, Marshand Line

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME MIDDLE 20 DATE OF DEATH 2b HOUR TYPE OR PRINT 79 PEYTON 01 26 4:08pMARTHA L. 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH DAY YEAR HOURS. White Female 22 10 06 TO BIRTHPLACE ISTATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED & NEVER MARRIED Washington D. WIDOWED DIVORCED [ Prince Georges County 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION INDUSTRY U.S. New (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Clinton SOUTHERN MARYLAND HOSPITAL CENTER Retired & WorldREport BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113b COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? MD 4523 Dallas Pl.#104,20031 YES X Marlow Hots. NO F 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Harry Burch Louise Tennyson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT I IF YES, GIVE WAR OR DATEST (YES, NO OR UNKNOWN) No 577-14-7718 Henry W. Peyton (spouse) Same as 18 CAUSE OF DEATH (Enter only one couse per line for ia!, ib , and ic PART I. DEATH WAS CAUSED BY 201 W. PRESTON ST., IMMEDIATE CAUSE 10 DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1101 DIVISION OF VITAL RECORDS, CERTIFICATION 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20m AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? per NOF YES [ NO [ entol Hygi 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 71m ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING _ CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. Fe 2 21f LOCATION 21d INJURY OCCURRED 21s PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on 1-26 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death. 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be deto with the Stote IMPORTANT: I 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 4400 Stamp Rd., Temple Hills, Md. D. HOWELL M.D. 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPEC(FY) Burial STATE COUNTY 30Jan 79 Cedar Hill Cemetery Suitland Md PG 24 FUNERAL DIRECTOR ROBERT E. WI helm Funeral Home 250 DATE REC'D BY REGISTRAR 256 RESTRAR 5 SIGNATURE OF THE BILL BY REGISTRAR 256 RESTRAR 5 SIGNATURE OF THE BILL BY REGISTRAR 256 RESTRAR 5 SIGNATURE OF THE BILL BY REGISTRAN 256 RESTRANCE OF THE BILL BY REGISTRANCE OF THE BY REGISTRANCE OF DHMH - 16 60M 1/75 (VR A 15 (4))

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-02413

		REGISTRAR					REG. NO.		and the same of th
		CEASED NAME FIRST	M	IDDLE	L.	AST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
		lbert XXX	XX Ross	PFENNI	NGER		January 1,	1979	7:05am _M
	3. SEX		4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
	N	Male	Cauc	asian	Apr		55 YE	MONTHS DAYS	HOURS MIN.
	7a BIF	RTHPLACE ISTATE OR FOREIGN		VHAT COUNTRY?	8		9 BALTIMORE CITY OR COU		
5		ennsylvania	U.S.A		WIDOWE	D NEVER MARRIED DO DIVORCED	Prince George	's County	У мо.
1	10 CI	TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING	G HOME C	R OTHER INSTITUTION	12g USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKIN		OF BUSINESS OR
C	L	anham	Doctors	Hospita	1 of	P.G. County	Printer proof		GPO
1		AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE		LI3d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
3	Md		GEO.	Lanham		YES X NO	8703 Good Luc	k Rd.	
	14. FA	THER'S NAME	MIDDLE	1241		15. MOTHER'S MAIDEN NAM	ME	Taledalli	AST
1	Al		OSS	Pfenning	ger	Mary	WIDDLE	Kray	131
		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECUI		17 INFORMANT	ADDRESS	#	
	X	(IF YES CYLL)	WAR DATES)	160 16 0	509	Leslie Pfenn:	inger Same as	# 13	
		18 CAUSE OF DEATH (Enter or	ly one cause per l	line for al, (b), and	lien A		1	APPRO) BETWEEN	XIMATE INTERVAL ONSEVAND DEATH
		PART I. DEATH WAS CAUSE	D BY- TE CAUSE (o)	Kespy	Att	my Dus	TREAD	24	Her
		1951		AS A CONSEQUE	STERRE	x-for-we to	ageury,		
		Conditions, if any, which	(b)	MORE	Tell	flund OD	Rush	3	6120
		gove rise to immediate couse (a), stating the	CUE TO OR	AS A CONSEQUE	NCE OF	CA. Lain	(1) Oran		1
		underlying cause last	(c)	AS A CONSEQUE	INCE OF	Celler EDA	e cinem	al)	
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1	lai
	CERTIFICATION	AS ANJOR	) l						
	CAT	190 DATE OF OPERATION	196. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200. AUTOPSY? 20b. IF	YES, WERE FINDS	NGS USED S OF DEATH?
2	TIE						YES NO	YES	NO 🗆
9	ä	210, ACCIDENT WAS UNDERLYING	110110 4 4	INJURY A. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	18, PART I OR PART 2)	
-	CAL	OR CONTRIBUTING CAUSE OF DEA	P.A		19				
	MEDICAL	21d INJURY OCCURRED	21e PLACE C	OF INJURY	ARM FICT	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	>	AT WORK NOT WHILE AT WORK	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,, 0,, ,,,,,,,,,,,,,,,,,,,,,			- 1	-	
		220   certify that (1) (this hospi	tal) attended the	deceased from	the	3/ 19 75	to Jan	19 19	, that (b) (we) last
		say the deceased of e on	view the hady o	ofter death	, or	d that im (my) (our) opinion o	death occurred on the date and	hour and from the	e causes stated
	-29	228. SIGNATURE	1	The goarn		DEGREE	U	22c DATE	E SIGNED,
		Munds	Myo	w D		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1 Uno	127479
	wit	22 PHYSICIAN'S NAME (TYPE O	R PRINT)			22e ADDRESS			
1		John J. Shi	go, M.D.			6911 Laurel	Bowie Rd., Bow	ie, Md.	
-	23a B	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
	{5	Burial	Jan 4,	1979 Co	nesto	ga Memo Park	Lancaster, L	ancaster	, Pa.
	24 FL	JNERAL DIRECTOR Rober	t G. Bea	ll Funer			E REC'D. BY REGISTRAR 256. REG		
	90	013 Annapolis F	d. Lanha	um, Md. 2	0801	The Whilly St	N 8 19/9 12	Mary Mil	rong

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DHMH-16 50M 7/77 (VR A 15 (4))

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IMPORTANT: If Hem 21 is

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U.S. The latter to be a result of the		rosult solls sto		Dec-1
ant sent feed gold	2		and let	
				Proces
Francis Suc on 13 to 1	Estate.			yes

death certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN. The low etained by the haspital ar attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages 1 and 2 should be filed within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar other troumotic event, the

MAPORTANT: If them 21 is morked or them 18 shows ony

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1 -	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYO		79-02	241	4
		CEASED NAME FIRST OR PRINT)		MIDDLE .T		Phelps	2a. DATE OF DEA			26 HOUR 9:07AM M
	3. SEX		RACE	9	5. DATE C		6. AGE (IN YEARS LA	AST BIRTHDAY) IF	UNDER I YEAR	
5	P BIF	RTHPLACE (STATE OR FOREIGN DUNTRY) Md	USA	WHAT COUNTRY?	WIDOWE			George Cou		MD.
4		ty or town of death Laurel	Greater	Laurel B	eltsv	rother institution rille Hospital	120. USUAL OCC (TYPE OF WORK FOR A HOUSEW	UPATION MOSLOF WORKING LIFE) 1116	12b. KIND ( INDUSTRY HOME	OF BUSINESS OR
5	13a. S	Md Hor	or other institution UNIY Ward	13c CITY OR TOWN	ADMISSION)	136 INSIDE CITY LIMITS?		ess Itimore S	treet	
0		THER'S NAME FIRST Thomas	Lett	LAST		15 MOTHER'S MAIDEN NA FIRST Ja	ne MIC	POSE	LA	AST
	160 W	VAS DECEASED EVER IN U.S. A res, no or unknown) (16 yes, c	ARMED FORCES? GIVE WAR OR DATES)	21,5 48 5		Harry Phelp		above		
2	CERTIFICATION	18 CAUSE OF DEATH Enter PART I. DEATH WAS CAU IMMEDICATED IN Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICAN CONTROL OF OPERATION	DUE TO, O  DUE TO, O  DUE TO, O  CO  T CONDITIONS C	R AS A CONSEQUE  R AS A CONSEQUE  CHAN  ONTRIBUTING TO E	NCE OF CALL BUT	Cond Sty Congrete NOT RELATED TO THE TERM Sea C & S N WAS PERFORMED	200 AUTOPSY	? 20b. IF YES, W	VERE FINDI	
1	MEDICAL CE	21g. ACCIDENT WAS LINDERLYING. OR CONTRIBUTING ☐ CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED AT WORK ☐ NOT WHILE ☐ AT WORK  22g. I certify that (I) (this hosow the deceased olive obaye, (I) (we) (did) (did)	PEATH HOUR A PR  216 PLACE (AT HOME, ST	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F.	19 (ARM, ETC.)	211 LOCATION STREET 19 10 10 10 10 10 10 10 10 10 10 10 10 10	CITY	ORTOWN 19	COUNTY  nd from the	
		226. SIGNATURE  226. PHYSICIAN'S NAME (TYP  J. JON C. Ma		rant	m	ATTENDING PHYSICIAN [ 220. ADDRESS 3450 Ft. Med	DIRECTOR P		122. DATE	E SIGNED
1	15	SURIAL, CREMATION, REMOVE BUTIAL	Ja.n 1			EMETERY OR CREMATORY Cemetery  [256. DA]				STATE
	1/	BURYCORN 7	7	TRIPPED .	MA	. 1	IN 22 197	9 hinton	y Ma	Cready

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST 1. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTS ROBERT PINCHES 01 - 08 - 793. SEX 4 RACE 6 AGE LIN YEARS LAST BIRTHDAY MONTH DAY YEAR DAYS Male White 8 16 TO BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED TO NEVER MARRIED PRINCE GEORGE'S COUNTY Ohio WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CHEVERLY PRINCE GEORGE'S GEN. HOSPITAL Program leader Dept. of Agri-PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE REFORE ADMISSION CIII TIII 130 STATE 136 COUNTY 138 STREET ADDRESS 130 CITY OR TOWN 13d INSIDE CITY LIMITS? 7504 Wellesley Drive Md. College Park NOF 14 FATHERS NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE George Pinches Lulu Rosborough 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 485-44-2809 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), one PART I. DEATH WAS CAUSED BY Conditions, if any, which gove rise to immediate couse to, storing the DIVISION OF VITAL RECORDS, 201 W. underlying couse lost. CERTIFICATION 0 unson 200 AUTOPSY? 20h IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES | 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 | certify that (1) (this hospital) attended the deceased from sow the deceased alive on above, (I) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22b. SIGNATURE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN TO FUNERAL should be del MPORTANT 22d PHYSICIAN'S NAME (TYPE OF PRINT 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE 7 4 2 3 3 COUNTY STATE CITY OF TOWN (SPECIFY) 1/11/79 Removal A RATE RES DE BEGISTRAR 256 REGISTRAR SSIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 {VR A 15 (4}) Anatomy Board 655 W. Balto. St. Balto., Md.

W.W. CHAMBERS CO. TAIC. 5801 CLONEZAND AVE RIVERDALE, MD

(VRA 15 (4))

			FOR					ATE OF			VOIENE	6 6.		
1/			STATE REGISTRAR				EPARTMENT C					9 - 02	417	
		_	CEASED NAME	FIRS	T _T		WIDDLE	IVER 3	LAST	CAILO		REG. NO.	AONTH DAY Y	YEAR Zb. HOUR
	S P R S F F F	(TYF	E OR PRINT)	Low		C',	w.	PC	TE		OF E	ESTI-	1-17 19/	79 "
	ANY, PLEAS DIRECTON OUR FILE 72 HOUR	3. SEX	Tale	Whol	MO	S-23-	1906 72		DER I YR.	IF UNDER 2	24 HRS. 2t. DATE MIN PRONOUNCE DEAD	ED , -	18 DAY	79/24 M
	NECESSARY, P. FUNERAL DIREC S FOR YOUR WITHIN 72 H	FC	RTHPLACE (STA	D.C.		U.S.A.	AT COUNTRY?	8. MARR	ED NEV	VER MARRIE	D L I	RECITY OR C	OUNTY OF DEAT	Н
	THE PAGE AGE 301 V	10. C	ty or town o		11. N	AME OF HOSP	ITAL, NURSING HO	ME, OR OTH	ER INSTITUT		120. USUAL OCCUPATION FOR MOST OF WORKIN Ret. ma:	IG LIFE)	WORK 12b. KIND C	DUSTRY
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MD.	I V 4	14. F/	ATHER'S NAME	1-50	MIDE	LE	LAST		15. MOTHE	R'S MAIDEN	. MIDD	lE.	LAST	
E, A			Har		I	₩.	Pote				nown)		Beasle	У
BALTIMORE,	URS AFTER DE B. GIVE PAGE WITH FORM PAGES 1 AL DIVISION OF	16a V (Y	VAS DECEASED ES, NO, OR UNKNOV <b>NO</b>	EVER IN U.S.	ARMED F	ORCES?	577-09-		Cath		9602 e L. Reyr	ADDRESS -King nolds	George	
	^ - L		18 CAUSE OF	DEATH (Ente	ranly ane	cause per line f	ar (a), (b), and (c).)	7	N	Dtr	.)	dese	APPROX	CIMATE INTERVAL ONSET AND DEATH
SNS	N 24 HOL 4 ITEM 18 ALONG A T PERMIT. YGIENE, E	64	1/20		DIATE CAL				Ceru	eco o	is center.	ni pe	2	
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AL RE	HOULD CHIEF USED OF HE	CERTIFICATION	19a DATE OF	OPERATION		196 CONDITI	ON FOR WHICH OF	PERATION W	AS PERFORA	MED?			20 AUTO	PSY?
TIV #	T SE CREATE	ERT	21a. EXTERNAL	CAUSE WAS		21b. TIME OF I	NILIRY	121c H6	W IN HIPV	OCCUPPED	LENTER NATURE OF INJURY	/ IN ITEM 10 DART	YES	_ NO _
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IVISI	270000	MEDICAL	21d. INJURY OF			21e. PLACE OF	INJURY (AT HOME RY, FARM, ETC.)		TREET		CITY OR TOWN		COUNTY	STATE
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	EXAMINE CERTIFICA ULD BE FO DIRECTO! WITH THE	3	, death resulted	d fram: N	atural cau	ses L.	Accident .	Suicide 🔲	, Hamici		Undetermined mann	er .		
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	TO MEDICAL EXAMIN EXECUTE THE CERTIFICE PAGE A SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH THE BALTIMORE, MARYLAN	22- 5	(TYPE OR PRIN	T)					ADDRESS_			OIICI.	o, oxon t	20022
4	BP	(5	URIAL, CREMAT PECIFY) Burial	ION,;REMOV		20-79	Ft. L				23d LOCATION CITY OR TOWN Brentwe	ood I	Pr. Geo.	Md.
/	DHMH - 17		JNERAL DIRECT						1		C'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNATURE	
	(VR A15 ME (5)) 15M 7/77	Na	alley'	s F.H	· Inc	· TIT.	Rainie	r, MO	•	JAN	2 4 1979	purpo	y/xalus	and the same of th

79-02417 The same of the sa The transfer of the state of th BEST 1990年 and the second of the second of the second The second of th AND COLUMN TO SERVICE TO A SERVICE TO A SERVICE AND AND AND A SERVICE AND ASSESSMENT OF THE PARTY OF THE PART Sally State of the contract of the sale of

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST DECEASED NAME 20. DATE OF DEATH EIRST 2b. HOUR (TYPE OR PRINT) BERTHA BELL PRICE Jan. 29, 1979 7.20 r 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR HOURS 7a. BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY COUNTRY) MARRIED NEVER MARRIED Prince Georges Co. DIVORCED WIDOWED T IN CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE Doctors Hospital of Pr. Geo. Co. INDUSTRY Lanham DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION. TTO STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Md. 227 ondon 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE MKB LINKNOWIN 60. WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Danie M. Cunningham Wind APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY OF COLDN RCINDMA IMMEDIATE CAUSE (C ARDOMEN THE Canditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF COLDON underlying FRFORATION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO BY DISEASE CONCESTIVE HEART FALLURE CORDNARY CERTIFICATION ONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED In DATE OF OPERATION 20n AUTOPSY? OF IN CERTIFYING CAUSES OF DEATH? REORATION COLON ă. NOX YES [ NO IT burial-transit Mental Hygie 21a. ACCIDENT WAS UNDERLYING 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from, 29 sow the deceased alive on_ and that in (my) (our) opinion death accurred an the date and hour and from the couses stated obove, (1) (we) (did) (did not) view the body ofter death 226. SIGNATURE 22c DATE SIGNED n DEGREE + ATTENDING MEDICAL should be deto with the State IMPORTANT: II PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS VIR ENDER 20782 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAN, CREMATION, REMOVAL 23b. DATE STATE BP. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 Sous NAMMIC (VR A 15 (4))

Poge 4 moy be

be executed within 24 hours ofte

requires that the death certificate

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PHYSICIAN: The

ATTENDING

TO HOSPITAL

STATE OF MARYLAND
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79-02419

		CEASED NAME OR PRINT)	Alexar	nder	MIDDLE		omski	20 DATE OF D	REG. NO.	6th.	197	25. HO	Ü
			Tandar										
	3 SE	^x Male		RACE Whit	е	5 DATE C	13-1905	6 AGE FINYEAR		MONTHS	DAYS	HOURS	-
51		ITTHPLACE (STATE OR F	FOREIGN 7	U.S.	WHAT COUNTRY?	MARRIE		9 BALTIMORI P	rince G	eorge	S		
00		Temple Hil	1	11. NAME OF	HOSPITAL, NURSIN Toby Driv	NG HOME ( TADDRESS) VE	OR OTHER INSTITUTION		CUPATION OR MOST OF WORK	NG LIFE) INC	KINDO	F BUSIN	16
The same	USU.	ALRESIDENCE (IF NUR STATE aryland	ISING HOME OR C	P.G.	I GIVE RESIDENCE BEFORE  13 C CITY OR TOWN  Temple	Hills	134. INSIDE CITY LIMITS?	13e. STREET AD				-	
150 C	14. FA	ATHER'S NAME  Ignativ	ıs	IDDLE	Radom	ski	15. MOTHER'S MAIDEN NA	ME	MIDDLE		ıcha	rski	Ĺ
medicol		WAS DECEASED EVER		AED FORCES?	146 SOCIAL SECU		17 INFORMANT		ADDRESS				_
the m	_	No	<u> </u>		578-48-2	2404	Blanche E. R.	domski	(Wife)			em 1	
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DHMH-16 20M (VRA 15, 4) 7/7B

STATE OF MARYLAND 79-02420 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH DECEASED NAME YEAR 26 HOUR (TYPE OR PRINT) 4 RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX MONTH YEAR HOURS. ueA SIAI G TO BIRTHPLACE STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY IR EJNI PORGES DIVORCED T WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 12a USUAL OCCUPATION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ANDR ARE OME KET. MECHANIC DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136. COUNTY 13e STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CLEY LIMITS? 4004 BRENTWOOD 14 FATHER'S NAME MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST TNE 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NOT 0 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE g. DUF TO OR AS A CONSEQUENCE OF Mouth. Conditions, if ony, which 18×1a gove rise to immediate couse (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost ulare ancev 0 D PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Sig CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED ā IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) H 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ental MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 Ž 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION ö STREET CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from ____ 20179 sow the deceased alive an _, and that in (my) (per) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death 22c. DATE SIGNED 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN MPORTANI 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS ould b 230, BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) BP Ma NCOLN 250 DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4)) SONS F. H. P.A.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME MIDDLE 20. DATE OF DEATH 2b HOUR (TYPE OR PRINT) FRED RANDALL 979 5 January 6 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAYS HOURS hite 1905 Dec. To. BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Michigan Prince George WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Clinton HOSD. Retired Fed GOVL. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? George horseshoe Road larvland YES TO NO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIOOLE MIDDLE LAST iller red 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO QR UNKNOWN) (IF YES, GIVE WAR OR DATES) Same Mary Randal as a-e. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? per YES 🔼 YES 🔀 NO NO I riol-fronsit Mentol Hygi 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 10 le 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY ō STREET CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (i) (this haspital) attended the deceased from DIRECTOR sow the deceosed olive on Jan and that in (my) (our) opinion death occurred on the date and hour and from the causes stated Jo. above, (1) (we) (did) (did not) view the body ofter death Dept. 22h/SIGNATURE DEORE 22c. DATE SIGNED ± FUNERAL 22e ADDRESS PHYSICIAN'S MAME ITYPE OR PRINT should be IMPORT, Rd. Clinton, Md. cataway 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY CITY OR TOWN SPECIFY esurrection Cem. inton Pr. Geo. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 inton, M (VR A 15 (4)) exander

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE OF DEATH 2b HOUR (TYPE OR PRINT) NMI L. 01 04 79 5:30 A,M RAYNOR ETHEL 3 SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 74 HRS NONT 06 HOURS 03 75 Caucasian Female 9 BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Wash., DC WIDOWED Prince Georges Clinton 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 126 KIND OF BUSINESS OR SOUTHERN MARYTAND TOSPITAL CENTER Ret. Clerk - Ins. CO. BALTIMORE, MARYLAND 21201 USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 2420-Fordham Place. 13a STATE 13b COUNTY Clinton 136 INSIDE CITY LIMITS? Pr.Geo. Hvattsville 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE MIDDLE Lola Calvert M. Owen K. Raymor ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO IYES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Margaret R.Lopez - above address 046-05-7098 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for 10 , 1b , and ic PART I. DEATH WAS CAUSED BY PRESTON ST., IMMEDIATE CAUSE 10 Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 71a. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) entol Hyg 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M + 211 LOCATION Ž 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 22a. I certify that (I) (Must happened) attended the deceased from. 12-30 sow the deceased olive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not view the body ofter deoth 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL FUNERAL uld be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME ITYPE OF PRINT 22e ADDRESS 3611 Branch Ave., Hillcrest Heights, Md. 20031 Mohammad Taleghani, M.D. 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 236 DATE COUNTY STATE Glenwood Cem. Wash., D.C. Burial 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Mt.Rainier, Md. Nallev's DHMH - 16 60M 1/75 (VR A 15 (4)) Inc.

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BP. **DHMH-17** (VR A15 ME (5)) 30M 7/73

	TATE OF MARYLAND OF HEALTH AND MENTA NINER'S CERTIFICAT	AL HYGIENE E OF DEATH 7 9	-0.2 4	24
WIDDLE	LAST	20. DATE K	NOWN   MOI	VIH DAY
		OF	ESTI-	-

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1		REGISTRAR CEASED NAM	E FIRST	MED	MIDDLE	EK 3 C	IAST	PUEAIN	RECON	MONTH	DAY YEAR	In usus
		E OR PRINT)		Δ1	oylouis	DASS	TIME	OF				2b. HOUR
	3 SEX		LOUIS 14 RACE	5. DATE OF BIRTH	6. AGE (IN YE		SINGER Der 1 yr. Tie under :		TH MATED E	) 1 MONTH	18 1979	M M
	ma		white	Aug. 2, 1		AY) MONTH	S DAYS HOURS	MIN PRONC	DUNCED	7		7:45
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4	FOR	reign COUNTRY)		US			ED MEVER MARRIE	ED 🔲	nce Geo	_		
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5	13a. S1 <b>Ma</b>	rylan	d M COUN		RESIDENCE BEFORE ADMISSI 13. CITY OR JOWN GlenBurt	nie	13d. INSIDE CITY LIMITS? YES	13e. SIREFT ADI	Orchar	d Rd	l. (Gar	land)
10	14. FA	Josep		MIDDLE A	Raysinge		Eila	N NAME	May		Davon	
7	160. W	AS DECEASE	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b SOCIAL SECURIT		17 INFORMANT		ADDRESS	Same	as 13	
port!		No		one	217.22.5	5186	Mrs. Dor	othea	F. Ray	sing	er (wi	fe)
		Condition gave ri cause (a lying cau	ns, if ony, which se to immediate ) stating the <u>under-</u> use last.	TE CAUSE (a) AT  DUE TO, OR A  (b) DUE TO, OR A	S A CONSEQUENCE	OF OF	cardiovascu		ease		BETWEEN ONSE	TAND DEATH
	NOI						OR CONDITION GIVEN IN PAR	RT 1 (a).				
)	IFICAT	19a. DATE OF	OPERATION	19b. CONDITI	ON FOR WHICH OPER	ATION W.	AS PERFORMED?				20. AUTOPSY	? No []
3	MEDICAL CERTIFICATION	UNDERLYING	AL CAUSE WAS OR NG CAUSE OF I		NJURY MONTH DAY YEAR	21c. HC	OW INJURY OCCURRED	O (ENTER NATURE OF	FINJURY IN ITEM 18 P	'ART 1 OR PAR		
	MEDI	21d. INJURY ( WHILE AT WORK	OCCURRED  NOT WHILE  AT WORK		FINJURY (AT HOME, RY, FARM, ETC.)		CATION	CITY OR	TOWN	cou	YTM	STATE
		death result ACTUAL SIGNATURE, EXAMINER'S (TYPE OR PRI	NAME Ann	M. Dixon,	Accident , Su		Hamicide  TITLE (SPECIFY)  Assistant  ADDRESS 111	Undetermined  t_MEDICALEX  Penn St	AMINER	d in my ap  DATE SIGNE	1_20_7	'9
	(SI	Bur		Jan. 23, 7	9 Woodla		Cemetery		imore	COUN	Maryl	and
		nglet	DIREC	ral Home	,Glen Bu	rnie		2 3 1979	RAR 25b. REG	strar's s	Nature Ly	

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page 3

ottending physician and completely filled in by the fune tove corban papers. Pages I and 2 should be filed within

injury, or ather traumatic event, the

should be detoched for use as the burial-transit permit. Then please remove corban paper with the State Dept. af Health and Mental Hygiene prior ta burial, cremation, or remaval.

IMPORTANT: If them 21 is marked or Item 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detoched for use as the burial-transit permit. Then please rem

retained by the haspital or attending physician.

may be

STATE OF MARYLAND

1	FOR - STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	TENE 7.9 -	02425	
	DECEASED NAME FIRST		WIDDLE	i	AST	2a DATE OF DEATH	MONTH DAY Y	EAR 2b HOUR
	MINNIE	N.	REI	D		January 25	1979	4:35am^
3 5	SEX	4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIRT		DAYS HOURS MIN
	Female	Caucas	sian	June		80	YRS	DATS HOOKS MIN
7a.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DEA	тн
7	Michigan	U.S.	Α.	WIDOWE	DIVORCED	Prince 0	George's	MD.
10	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ON 12b K	IND OF BUSINESS OR
1	Lanham				Pr. Geo. Co.	Housewif		
US 130	UAL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
	Maryland Pr.	Geo.	Lanham		YES NO	7294 Finns	Lane	
14.	FATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM			LAST
1	August	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Nelson		Hanna	MODIL	St	venson
160	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECUE	RITY NO.	17 INFORMANT	ADDR	ES\$	
	No	JIVE WAR OR DATES!	578-48-51	148	Harriet A.	Frve Same a	s #13	
CERTIFICATION	gove rise to immediate couse 101, stoting the underlying couse lost  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION		ONTRIBUTING TO S	ACE OF AC	NOT RELATED TO THE TERM	INAL DISEASE OR CON  20a AUTOPSY?  YES D NOD	20b IF YES, WERE F	
1 8	210. ACCIDENT WAS UNDERLYING	1.01.0			21c. HOW INJURY OCCURR			
14	OR CONTRIBUTING CAUSE OF I	PERIN	.M. MONTH DA	Y YEAR				
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE 1  AT WORK 1  270.1 certify that (1) (this had become a live obove (1) (we) (did) (did) (22b. SIGN ATURE)	21e. PLACE (AT HOME, SI	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC.)	21f. LOCATION STREET  , 19  and that in (my) (our) opinion of the control of the control opinion opin	MEDICAL STAI	te and hour and ro	that (1) (we) last m the couses stated
-	22d PHYSICIAN'S NAME (TYP	E OR PRINTIN	arour	A	PHYSICIAN (C	DIRECTOR PHYSIC	IAN	1-1/1
	//	W. HARD	ING			ver Road,	Cheverl	ly, Md.
230	BURIAL, CREMATION, REMOV. (SPECIFY)  Burial	AL 23b. DATE	XC N	AME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE

9013 Annapolis Rd. Lanham, Md. Vence

DHMH - 16 50M 1/76 (VR A 15 (4))

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-Sr. DEATH MATED DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY PRONOUNCED 10-31-36 DEAD 7b. CITIZEN OF WHAT COUNTRY? Im BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Maryland U. S. WIDOWED DIVORCED D CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE!
Superintendan Prince GBO'S 3. RETAIN PA Gen. Hospita Cheverly County USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) RECORD Public 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Works. Maryland Pr.Geo's Mitchellvill NO X Central PYES [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FORM PM MIDDLE Reio Elsa MIDGLE Entzian George Robert 6 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO Central DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES Mary Frances Reio-Ave Unk. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HYGIENE IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF A BURIAL TRANSIT Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF AND ME lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURIAL YES BE NO [ 3 SHOULD BE DEPARTMENT 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY 21201 PRIOR 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AGE 4 SHOULD BE OF EVENTY OF FUNERAL DIRECTOR: PARTIE STATEMENT OF STA 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram: Natural causes Suicide Hamicide Undetermined manner TITUE (SPECIFY) MEDICAL EXAMINER EXAMINER'S NAME 14661510 (TYPE OR PRINT) 22. NAME OF CEMETERY OF CREMATORY First Lutheran Chur Cemetery 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 1/5/ Bowie (Pr.Geo's) -Upper Marlboro, Maryland 20870: 25g, DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE **DHMH-17** Coleman train Malredy (VR A15 ME (5)) 15M 7/77

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED DATE OF BIRTH IF UNDER 1 YR. AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Dec 22, 1914 64 DEAD YRS To. BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington D C WIDOWED DIVORCED CUY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Retired Plumber RECORDS 3. RETAIN SHOULD BE USUAL RESIDENCE ( IN NURSING HOME OR OTHER INSTITUTION 1136 COUNTY 13a. STATE 13e. STREET ADDRESS TOKEE st 13d. INSIDE CITY LIMITS? Md Pro Georges College Park YES 🗌 NO [ VITAL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST Henry Roberts Lottie C 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. **ADDRESS** DIVISION (YES, NO, OR UNKNOWN) 578 03 6440 Elinor L Dunn College Park, Md. CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, il any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL, YES [] NO [ 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE WHILE AT WORK CITY OR TOWN COUNTY GECUTE THE CERTIFICATE
AGE 4 SHOULD BE FOR
DEUNERAL DIRECTOR: 1
FIFE DEATH, WITH THE S
ALTIMORE, MARYLAND, 21 220 I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian death resulted fram: Matural couses Hamicide Suicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 12800 Willow Wind Circle, Oxon Hill Augusto P. Rodriguez (TYPE OR PRINT) PAG TO TO BALL 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Suitland Pro Georges Jan 8, 1979 Cedar Hill Cemetery Burial Md. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. BEGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) . Gasch's Sons P A Hyattsville, Md. 15M 7/77



FOR **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEAT REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-11165 6. AGE (IN YEARS | IF UNDER TYR. IF UNDER 24 HRS DATE LAS BIRTHDAY) PRONOUNCED DEAD Th. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEA MARRIED NEVER MARRIED WIDOWED X DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. Bank Mortgage dept 13e. STREET ADDRESS 4716 Cherokee st 13o. STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? College Park Pro Georges YES [ NOL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST Amies Agnes Bowles 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) Patricia Quimby College Park, Md. 084 14 6547 no 18. CAUSE OF DEATH (Enter anly one cause per far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY viores selecotic cordio pagacos de Mare DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0| 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE WHILE AT WORK COUNTY 220. I certify that I took charge of the remains described above, held an Autopsy Inspection L death resulted from: Noturol causes Accident , s Suicide Homicide ______ Undetermined manner Deputy ACTUAL MEDICAL EXAMINER Angusto P. Rodriguez 12800 Willow Wind Circle, Oxon EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION Washington D C STATE Feb 3, 1979 Mt Olivet Cemetery 24. FUNERAL DIRECTOR 21 PATE REC'D. BY SEGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) F. Gasch's Sons P A Hyattsville, Md 15M 7/77

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200	- 0	' -	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH ( 9 FE CALL 4	3 1
			DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN CHANNON	TH DAY YEAR 25 HOUR
	SE. S. S. T.	(TY	YPE OR PRINT)  OF ESTI- DEATH MATED 1	-271979 M
	4 5 5 3	3 SE	EX 14 RACE 15 DATE OF BIRTH 16. AGE (IN YEARS) IF UNDER 1 YR. IF LINDER 24 HRS 126. DATE MONT	H DAY YEAR 20 HOUR
	ON STATE	13	Male White 3-16-28 5D yrs. MONTHS DAYS HOURS MIN. PRONOUNCED 1/27	1979 GO M
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	NECE S FOIL	17	EALAN.   // A INDONED TO DECORDE TO PERMANE (70%	agres MD.
		10. C	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION A 120. USUAL OCCUPATION (TYPE OF WOIL FOR MOST OF WORKING LIFE)  FOR MOST OF WORKING LIFE.	126. KIND OF BUSINESS
	ANY DELAY IS IN THE RAND 3.10 THE RETAIN DELAY IS OUT BEFILED. ECORDS, 301 W		LAUREL Greater dansel- Toltsville 1970. 1 NURSE	C OR INDUSTRY =
-	AND SELD ORF		JAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORÉ ADMISSION)  STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE (ITY LIMITS? 130 STREET ADDRESS	COCCOS FINA
21201	F ANY DEL		MI) PG LAUREL YES NO 9512 MUIR	MRERD
	H. III	14. F.	FATHER'S NAME 15 MOTHER'S MAIDEN NAME	7. (7.
, MD.	TAN SA		MORRIS RIDGE LAST FIRST MIDDLE SPIL	LAST
BALTIMORE,	~ 7 2 _	16a. \	WAS DECEASED EVER IN U.S. ARMED FORCES? LIAB SOCIAL SECURITY NO. 117, INFORMANT ADDRESS	VAR
IW	URS AFTER B. GIVE PA WITH FO PAGES 1	()	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	0 - 1/6-
ALI	JRS AFTE B. GIVE P WITH FO PAGES DIVISION			-BOVE
ST., B	18. 18. 18. 18. 18. 18. 18. 18. 18. 18.		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PARTIDEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2	24 HOU ITEM 18 LONG PERMIT.		IMMEDIATE CAUSE (a) CENTENCOS CEROTRE COVALOVAS E CILEN CEL	16026
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	AND BUT		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
DIVISION OF VITAL RECORDS,	JID BE EXECU PENDING" IN F MEDICAL E ED AS A BURL HEALTH AND REMATION, C	CERTIFICATION		
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	FICATION OF THE AND,		death resulted from: Natural couses . Accident . Suicide . Hamicide . Undetermined manner .	
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	TO MEDICAL EXECUTE THE CPAGE & SHOULD TO FUNERAL AFTER DEATH, BALTIMORE, M.	-	(TYPE OR PRINT) SUGasto P. RODRIGUEZ ADDRESS 12800 WILLOW WIND C	valo, CKONHII
	PACT PACT PACT PACT PACT PACT PACT PACT	23a.B	BURIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN	OUNTY STATE
02	BP!	1 2	CREMATION FEBI 1979 WESTULEN MEN CATONSUILL	SUNTY STATE
	DHMH - 17	24. E	EUNERAL DIRECTOR 250. DATE REGISTRAR. 250. REGISTRAR. 250. REGISTRAR.	SSIGNATURE
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STATE OF MARYLAND

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		CEASED NAME	FIRST	٨	AIDDLE	L	.A\$1	2	DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
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2		IRTHPLACE (STATE OR FO	REIGN	76 CITIZEN OF	WHAT COUNTI	RY? 8 MARRIE	D NEVER MARR	IED 0	BALTIMORE CITY C			
5		Maryland		USA		WIDOWE			PRINCE G			
4	C	ITY OR TOWN OF DEA	1	PRINC	E GEORG	GE S GE	N. HOSPITA	1	20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF Labor			OF BUSINESS OR
5	130. S	al RESIDENCE (IF NURSI STATE Maryland	TSL COUN Calv	ITY	13c CITY OR T		134 INSIDE CITY LI		3e STREET ADDRESS	ox 57 1	D	
7	14 FA	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAI	DEN NAME	MIDDLE		LA	CT.
40		William		I.	Russe	11	Heller	1			Stewa	
2		WAS DECEASED EVER		MED FORCES?	16b SOCIALS	ECURITY NO.	17 INFORMANT		ADDRE			
		no			215-14	17182	Herbert H	lussel	.1 Box 10	Lusby		
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		gove rise to immediate								11/19		
		couse o', stating couse		DUE TO, OF	R AS A CONSE	OUENCE OF					/	
		PART 2 OTHER SIGN	HEICANT	ONDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED TO T	HE TERMIN	IAL DISEASE OR CON	DITION GIVE	N IN PART 1	101
	CERTIFICATION											
7	ICAI	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WH	ICH OPERATIO	N WAS PERFORMED	27	20a AUTOPSY?		WERE FINDS	NGS USED S OF DEATH?
L	RTIF	1/11/76	)	Eufl	erally	Lapros	with 1-16		YES NO NO	YES		NO 🗆
9		216. ACCIDENT WAS UND	-	1 216. TIME O		DAY YEAR	210/HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18, PA	RT 1 OR PART 2)	
-	MEDICAL	(IF EITHER NOTIFY MEDICA	LEXAMINER)	P.,		19	21f LOCATION					
	MED	214 INJURY OCCURR WHILE NOT WH AT WORL AT WOR	ILE PA	21e PLACE ( (AT HOME, STR	SEET, FACTORY OFF	ICE, FARM, ETC.}	STREET		. CITY OR TO	WN	COUNTY	STATE
		22a.1 certify that (1)	1		deceosed fro		2. 19	70,	_, to	7		, that (I) (we) lost
H		sow the decease above, (1) (we) (d	id alive on lid) (did no	ti view the body	ofter death	/ /		opinion de	oth occurred on the d	ote and hour		
	K	226 SIGNATURE	wha	1/1	way		DEGREE ATTEN	IDING ICIAN	MEDICAL STA	FF CIAN []	77¢ DATE	E SIGNED
1		22d. PHYSICIAN'S NA		/	1		22e ADDRESS					
		RISHP	L SH	VGH, M.D	•		4700 AU	TH PL	., #200, C	AMP SP	RINGS,	MD.
	230 E	BURIAL, CREMATION, I	REMOVAL	23b. DATE	/ 2		EMETERY OR CREM		23d. LOCATION CITY OR TOWN		COUNTY	STATE
		Burial		Jan. 2	3-79	Mt. 01:	ive Chr. (		Prince F		ck Cal	. Md.
	24. FL	UNERAL DIRECTOR			ADDRESS			25a. DATE	REC'D. BY REGISTRAR	25b. RESTR	AR'S SIGNA	TURE
		Spencer E.	Sewe	ell Pr	rince Fr	rederic	k, Md.	JAN	2 4 1979	hosp	7	-

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rector, page 3 urs ofter death

the ottending physicion and completely filled in by remove corban papers. Pages 1 and 2 should be fill

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove corban pape with the State Dept-of-Health and Mental Hygiene prior to burial, cremation, or removal

OR ATTENDING PHYSICIAN: The

TO HOSPITAL

etoined by the haspital ar attending physician

IMPORTANT: If Hem 21 is marked or Item 18 shows any

en signed by t

injury, or other troumatic event, the medical pramines must be

## STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

21	REGIST	RAR			LKI II ICAIL O	DEATH	RE	NO.U	LTU	9		
	1. DECEASED 1 (TYPE OR PRINT)	NAME FIRST	MIDE	DLE	LAST	IIIO STAT	2a DATE OF DEA	TH MONTH	DAY	YEAR	26 HOU	R
į	(TIPE OR PRINT)	MARY	LOUIS	) Fi	RUSTIN			01	07	79	6:42	2 PM
9	3. SEX	emale	4 RACE Black	5.	Mar. 26	1056	6 AGE (IN YEARS LA	ST BIRTHDAY)	MONTH	DER 1 YEAR	HOURS	24 HRS MIN
				IAT COUNTY I	Mar. 20	1940		YY.		FATU		
A	COUNTRY)	E ISTATE OR FOREIGN	U.S.A.	٨	MARRIEDXX NEVI		9 BALTIMORE CI			EAIH		
2	10 CITY OR TO	OWN OF DEATH	11. NAME OF HOS	SPITAL, NURSING H		DIVORCED	PRINCE C			b. KINDO	F BUSINE	SS OR
4	LAU	REL		AUREL BET		HOSPITAL.	(TYPE OF WORK FOR M	OST OF WORKIN	NG LIFE) IN	DUSTRY		
	USUAL RESIDE	NCE (IF NURSING HOME O	R OTHER INSTITUTION, GIV		AISSION)		12- STREET ADDR	ECC				
5	USUAL RESIDE	. Howa	irdon.	essups	YES	NO [	131 STREET ADDR	uilfor	d Roa	be	75	
-	14. FATHER'S N	IAME Cornelius	MIDDLE	LAST	15 MOTH	ER'S MAIDEN NAM	ce Thomas	DLE		LAS	1	
4	14a VALAS DECI	EASED EVER IN U.S. AF		b. SOCIAL SECURITY	Y NO. 17 INFOR		Ce monas	DDRESS				
la	(YES, NO OR		E WAR OR DATES)	57-16-426			(daughter	DDRES 94!	5 Nay	lor Md.	Ave.	
3	IR CAU	SE'OF DEATH (Enter o	nly one couse per line	for (a). Ab), and (c)			•	7 244			MATE INTER	VAL
	PART	I. DEATH WAS CAUSE	D BY	Pulmon		I result	Piccomo	U			cek	
	14	11149 DUE TO, OR AS ACCONSEQUENCE O										
N	Conditi	Conditions, it only, which ( b) Melastatic Bieus (Ancen										
		gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF										
1	underly	ring couse lost	(c)									
		OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DEA	TH BUT NOT RELA	TED TO THE TERMI	INAL DISEASE OR	CONDITION	GIVEN IN	PART 11c	) )	
_	CERTIFICATION 130 DATI	SCIES E OF OPERATION	19h CONDITIO	ON FOR WHICH OPE	ERATION WAS PEI	RFORMED	20a AUTOPSY?	20b. IF	F YES, WEI	RE FINDIN	GS USEC	)
2	IFIC						YES NO	IN CE	ERTIFYING YES	CAUSES	OF DEAT	
3	21a. ACC	IDENT WAS UNDERLYING	216. TIME OF IT	NJURY MONTH DAY		INJURY OCCURR	ED (ENTER NATURE OF	F INJURY IN ITEM	18, PART 1 C	R PART 2)		
Z	OR CONT	RIBUTING CAUSE OF DE R, NOTIFY MEDICAL EXAMINER	AID	MOINTH DAY	19			050			120	
	<u> </u>	URY OCCURRED	21e. PLACE OF {AT HOME, STREET,	INJURY FACTORY, OFFICE, FARM,	ETC) 211 LOCA		CITY	OR TOWN	co	YTAUC	ST	ATE
	AT WORK	NOT WHILE			SAMO	>8	>	THA		, 0	-/-	1
	22a I ce	rtify that (1) (this hasp	7 1 1 1 1 1 1	eceosed from	g and the in the	my) (our) opinion d	, to	the date and	, 19		that (I) (v	
	72b. S. 7	ye fit (we) (did) (did no		er deoth	DEGREE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ne dore ond		22c. DATE		ied
	1//	umas 1	1 1100	111.010	MIX	ATTENDING PHYSICIAN	MEDICAL DIRECTOR   PH	STAFF		8.5	HA	79
1	22d PHY	SICIAN'S NAME (TYPE	RPRINTI	7	22e ADD		00	1 -	01	^		-
1	116	omas H	BENG	NCENA	10 831	Clair	Blod	E	Sil	5/9	MO 2	0803
	230 BURIAL, C	REMATION, REMOVA			AE OF CEMETERY		23d. LOCATION	Ν _	COUN		STA	
		Burial	1-13-79		Zion Ceme		Laurel		e Aru			•
	24 FUNERAL I	orector snowd	en 246	N. plashir ville, Mo	19t20856.	250. DATE	REC'D. BY REGIST	19 75b. RE	GISTRAR'S	SIGNAT	Tread	7
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ATTACHMENT OF THE	nered. Service Beechtele Arts

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12		1-	FOR STATE				EPARTMEN					20	0010	1.	
1			REGISTRAR			MED	ICAL EXA	MINER'S	CERTIFI	CATE OF	DEATH	JEG. N	NYAD	4	
1			CEASED NAME	1	FIRST	_1	WIDDLE	DIL	LAST		20. DATE	KNOWN	MONTH	DAY YEAR ZE HOU	JF
	HET. SET.			KEVI		Thomas		CYAI			OF DEATH	MATED [	1/30	1979	1
1	IF ANY DELAY IS NECESSARY, PIÉRSE, AND 3 TO THE FUNERAL DIRECTOR 3. RETAIN PAGE 5 FOR YOUR THES SHOULD BE FILED, WITHIN-72 HOURS L'RECORDS, 301 W. PRESTON STREET,	3. SE	Male	1. BACE	te	DATE OF BIRTH	YEAR LAS		UNDER 1 YR.	HOURS A	HRS. 2c. DATE PRONOU DEAL	NCED ,	13-1)	DAY YEAR 2d. HOU	リブ
	SSAR SAL C NO. YOU	7a. B	RTHPLACE (5)	ATE OR	7	L CITIZEN OF WH	-0 /	I.	0/		9. BALTIA	AORE CITY	OF COUNTY	OF DEATH	~
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	THE GE GE	10. C	TY OR TOWN	OF DEATH	1	1. NAME OF HOSE (IF NOT IN SUCH FAC			THER INSTITU	I MOITI	20 USUAL OCCL	PATION (TY	PE OF WORK 121	D. KIND OF BUSINESS OR INDUSTRY	Ī
	ELA PA		neverly		I	Prince Ge	orges G	eneral	Hospit	al	Preside		Constr	uction Co.	
_	AIN AIN ORD		TATE		G HOME OR C	OTHER INSTITUTION, GIVE	RESIDENCE BEFORE		had. INSIDE C	TITY LIMITED IN	3e. STREET ADDR				_
21201	AN AN ELGO	Mo		100		Geo.	Bowie		YES 🔯	NO 🗆			Sever	Road	
	H. IF 3. 3.	14. F/	THER'S NAME						15. MOTH	ER'S MAIDEN	NAME		Deven		=
BALTIMORE, MD.	URS AFTER DEATH. IF ANY DEL B. GIVE PAGES 1, 2, AND 3 TC WITH FORM PM 3. RETAIN 1 PAGES 1 AND 2 SHOULD BE DIVISION OF VITAL RECORDS.		ichael			J	Ry	an	Mar	'Y	<i>'</i>	MIDDLE		McKuen	
NO.	FTER DE FORM ON OR	16a. \	VAS DECEASEL	EVER IN	U.S. ARME	D FORCES?	16b. SOCIAL SE	CURITY NO.	17. INFOR/	MANT		ADDRES	S		Ī
II.	AGE AGE		Yes		Unkr		220 07	5467	Evel	yn M.	Ryan Sa	me as	# 13		
			18. CAUSE O	F DEATH (E	Enter anly	ane cause per line			- 11		/			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	H
PRESTON ST	HIN 24 HOU IN TEM 18 R ALONG V SIT PERMIT. HYGIENE, D	Agri	PARTIDE			CAUSE (a) 676	STroin	HEST CO	ray ne	aces yi p	age				
STO			571	5.		DUE TO, OR	AS A CONSEQUI	NCE OF	/		,		317.5		
P	D WITHIN SENCIL IN AMINER AMINER A SENTAL HY REMOVAL			is, if any, e to imr		(b) / te	ratio	0111	here	7 Gan			SIL DE		
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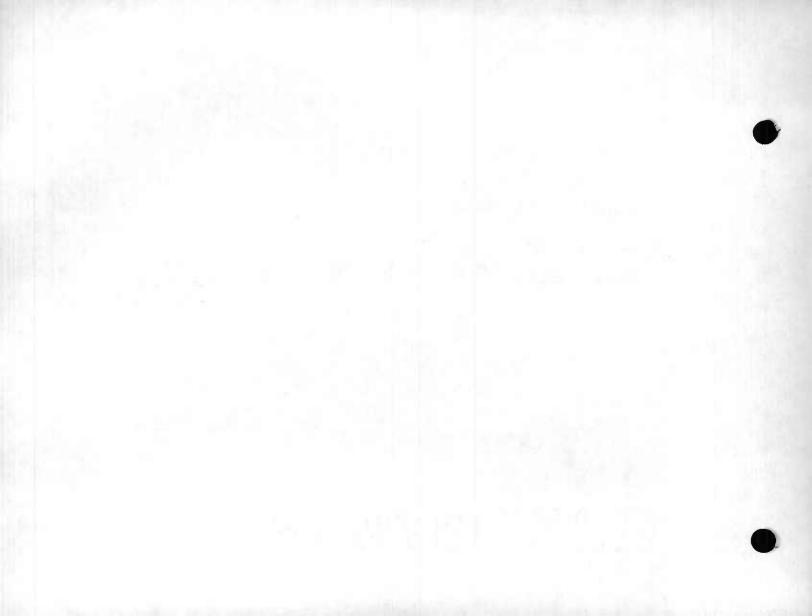
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3		FOR 1 - STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-02435
		REGISTRAR	REG. NO.
y be	1	DECEASED NAME FIRST (TYPE OR PRINT) WATS	PAST AN 20 DATE OF DEATH MONTH DAY YEAR 25. HOUR 2;55pm M
ge 4 moy	3	MAle	4. RACE  5. DATE OF BIRTH  MONTH  DAY  9. 1914  6 AGE (INYEARS LAST BIRTHDAY)  WONTHS DAYS HOURS MIN  1. PUNDER 1 YEAR  MONTHS DAYS HOURS MIN  YEAR  Y
th. Page	1	BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 AARDRIED W NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
deoth. unerol hin 72	C	AIA.	U.S.A.   WIDOWED   DIVORCED   Prince Georges County MD.
on rs ofter by the f filed wit	4	LAUREL	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  Greater Laurel Beltsville Hospital Construction  (TYPE OF WORK FOR MOST OF WORKING LIFE)  LOUSTRY  128. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)  LOUSTRY  129. KIND OF BUSINESS OR  (TYPE OF WORK FOR MOST OF WORKING LIFE)
ND 212 124 hour filled in fould be		ISUAL RESIDENCE (IF NURSING HOME 30. STATE 13/DCC	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
RYLA within etely 32 sh	1	FATHER'S NAME	MIDDLE 15. MOTHER'S MAIDEN NAME
A b ou o	1	Jess	IL KYAN ANNA KOILINS
IMORE se exec Poges		WAS DECEASED EVER IN U.S. (YES, NO DR UNKNOWN)   I IF YES, O	ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ROUTE 1 Box 180  420-12-9159 MArgaret RYAN RAUREL M.P.
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RDS, 30 equires t a signed Then ple r to burio injury, or			T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
AL RECORDS, he law requir on. hos been sig permit. Ther ene privation ene privation leaves any injur	7	19a, DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
ON OF VITAL R IYSICIAN: The It ding physicion. Is certificate has burial-transit pe Mental Hygiene or them 18 shows	7	00.000.000.000.000.00	DEATH HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
C PHYS ottending er this ca s the buri		(IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE
To o o			spital) attended the deceased from 1, 2, 19, 79, to 1, 2, 7, 19, 79, that (1) (we) last
R ATTENDIN hospital or of the for use as the for use as the for use as the for use as		sow the deceased olive above, (1) (we) (did) (did	on
the he he he he he he he he he bep		22b. SIGNATURE	Melaw . M. DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 128.79
TO HOSPITAL retained by the TO FUNERAL I should be deto with the Stote I MPORTANT: H		224 PHYSICIAN'S NAME (TYP	
1 ) D   S   S   S	2	Burial, CREMATION, REMOV	AL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY A STATE A
BP BP		BURIA	12-2-19 Mt. LIAN CEMETERA LA AUREL, A Me Hrundel, Ma
DHMH - 16 60M 7/73 (VR A 15 (4))	2	FONERAL DIRECTOR RINAME SEOVER RI	Source N Rockville, M.D. 250 DATERECTO BY REGISTRANT SSE REGISTRANT S SIGNATURE FEB 1 1979

NAME: Baby Girl Sanders

January 31, 1979 DATE OF DEATH:

SEE: # 79-05006
February, 1979
Prince George's County Prince George's County PLACE OF DEATH:



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) DORA 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR IF UNIOER 24 HRS MONTH HOURS female DAYS white May 26, 1894 TO BIRTHPLACE ISTATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland USA Pro Georges WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 126. KIND OF BUSINESS OR Manor Care Nursing (TYPE OF WORK FOR MOST OF WORKING LIFE)
Nurses aid INDUSTRY Adelphi P G Hospital DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13e STREET ADDRESS Pro Georges Badensburg 13d INSIDE CITY LIMITS? Md 5221 Tilden Road NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIODLE LAST Unknown Fred Unknown ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 578 26 0673A Joan Maxwell no Bladensburg, Md. APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D). Excular Leave Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(b) CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) ¥ 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ( IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (I) (the transfer attended the deceased from sow the deceased alive on. and that in (a) (our) opinion death occurred on the date and hour and fram the causes stated obove (we) (did not) view the body ofter death DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF TO FUNERAL [ should be deto with the State [ DIRECTOR PHYSICIAN PHYSICIAN MPORTANI 22d. PHYSICIAN'S NAME (TYPE OR PLINE 22e. ADDRESS 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OF CREMATORY STATE Jan 15, 1979 Ft Lincoln Cemetery Brentwood Pro Georges Burial Md. BP 25a DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH-16.50M7/77 McCheroly A. Gasch's Sons P A Hyattsville, Md. (VRA 15 (4))

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FOR STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-112437

Я		REGISTRAR			CERTII	ICATE OF DEATH	R	EG. NO.	02.	•		
				MIDDLE	-	LAST	20 DATE OF DE	ATH MONTH	DAY Y	EAR	2b HOUR	
	fire	HATTI	E C		SEEK	FORD		01	20	79	12.24 M	4
	3 SEX	X	4 RACE		S. DATE	OF BIRTH	6 AGE (IN YEARS		IF UNDER	YEAR	IF UNDER 24 HRS	
	F	emale	Cauca	sian	9 -	001		94 YRS	MONTHS	DAYS	HOURS MIN	
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1		Virginia	U.S	•A•	WIDOW		PRINCE	GEORGE!	S COLL	NTV	MD	
1	10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME (	OR OTHER INSTITUTION	12a USUAL OCC	UPATION	12b K		F BUSINESS OR	
0		CHEVERLY		ED CARE F		TY					Industry	Z
2	130 S	AL RESIDENCE (IF NURSING HOME STATE 136 CO	YTAU	13c CITY OR TOW	N	1134 INSIDE CITY LIMITS?	13e. STREET ADD					
			ce Georg	e Hyattsv	ille	YES X NO		73rd Av	renue			
i	14_FA	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM		DDLE		LAST		
η		Hanson J		nefee		Sallie			Woo	d		
1	16a V		ARMED FORCES?  GIVE WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT		ADDRESS	Box	865	Front Royal,	7
		No		226-24-2	703	Mrs. Mary	Miller	1100 19				/ a
П		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	only one couse per	r line for (a), (b), one	ا ال				BE	APPROXIA	MATE INTERVAL	-
			IATE CAUSE (0)		0.	2000 SI	0,	1		2	Lays.	
1	iin.	4370 DUE TO, OR AS A CONSCOUR STORY TO THE OF THE STORY O										
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		couse (o), storing the underlying couse lost DUE TO, OP AS A CONSE OF NEEDF and Cordinal Consecutives of the couse lost									Thears	
			(c)	Sprew	zex	and a cont	er va	- Just			1	
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_	CERTIFICATION	190 DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY	2 20b IF	YES, WERE	FINDIN	GS USED	-
2	IFIC,	THE BRITE OF BERKINGS	11,0 00110	more on timen	OT ENTITIE	TASTEM ONNED		IN CER			OF DEATH?	
a.	ERT	21a ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY		21c. HOW INJURY OCCURE	YES NO	7		ART 21	NO []	-
		OR CONTRIBUTING CAUSE OF	DEATH	M. MONTH DA		English Asset						
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	P. 21e PLACE		19	21f LOCATION						
	ME	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F.	ARM, ETC.)	STREET	CITY	ORTOWN	COUN	TY	STATE	
4		22a.1 certify that (I) (this ha	state of the state	ne deceased from	-	July 10 76	2 to 20	2 MI	19.7	1 .	hot (1) (wa) lost	
	100	sow the deceased alive	on )	7 Jan 10	79.8	nd that is (my) (aur) opinion of	deoth occurred on	the dote and h	our ond fro	,	,	
		above, (1) (we) (d. 1) (did 22b. SIGNATURE	not view the body	offer deeph)	7	DEGREE	-		224	DATE S	SIGNED	
		1/10	mas/6	Fell Colos	They	MD ATTENDING IT	MEDICAL DIRECTOR   F	STAFF	20	Na	la 79	
		22d. PHYSICIAN'S NAME (TYP	E OR PRINT)			220 ADDRESS	_ DWECTON []	THISICIAIT [		1	1.1	
		Dr. Thomas 1	Maloney		(							
	23a B	BURIAL, CREMATION, REMOV.	AL 23b DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATIO	N	COUNTY		STATE	=
	15	Burial	Jan.23	,1979 Ri	leyvi	lle Cemetery	Rileyv		Page		Va.	
	24. FC	ERAL DIRECTOR	11)	ADD#ESS .	.1	25a. DATI	E REC'D. BY REGIS			GNATL	JRE	

DHMH - 16 60M 1/75 (VR A 15 (4))

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79-02440 - Mastrage A STREET, STRE Span Par Long ? MUNICIPAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST MIDDLE DECEASED NAME 20. DATE KNOWN XX MONTH YEAR 7h HOUR (TYPE OR PRINT) ESTI-OF L DIRECTOR.
YOUR FILES.
72 HOURS DEATH MATED David Lee Shepard 30 19 79 6. AGE (IN YEARS SEX 4 RACE DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE 24 HOUR LAST BIRTHDAY 11:30P PRONOUNCED UNERAL DIRECTOR YOUR WITHIN 72 H DEAD Male Black 30 19 79 70. BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY? *BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED Prince George's County ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Prince George's General Hospital Cheverly SHOULD BE RECORDS, RETAIN USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13m STATE 113b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES [ NO [] 14 FATHER'S NAME OF WITH 15 MOTHER'S MAIDEN NAME PAGES 1, MIDDLE MIDDLE E5 FORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL 18 ISIT PERMIT. HYGIENE, D BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ALONG IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF OR REMOVAL. Canditians, if any, which INER USED AS A BURIAL-TRANG OF HEALTH AND MENTAL I, CREMATION, OR REMOV gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. MEDICAL DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL YES 🔽 NO [] 3 SHOULD BE DEPARTMENT 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL 3019 79 CONTRIBUTING CAUSE OF DEATH driver pinned between his auto and PM guardrai 1 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION FORWARDED AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE PAGE STATE I Shariff Rd. 24201 warehouse P.G. MD GE 4 SHOULD BE FORTER PUNERAL DIRECTOR: P 220. I certify that I took charge of the remains described above Autopsy Inspection Inquiry and in my apinion death resulted fram: Natural causes Suicide Hamicide Undetermined manner Aggident TITLE (SPECIFY) ACTUAL Deputy Chief DICAL EXAMINER DATE 1/31/79 SIGNATURE SIGNED MORE EXAMINER'S NAME ER Thomas D. Smith. M.D ADDRESS 111 Penn St. Balto. (TYPE OR PRINT) TO AFT 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY BP-M. resohn 2 00 350. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-17** ADDRESS (VR A15 ME (5)) 30M 7/73 Jastan

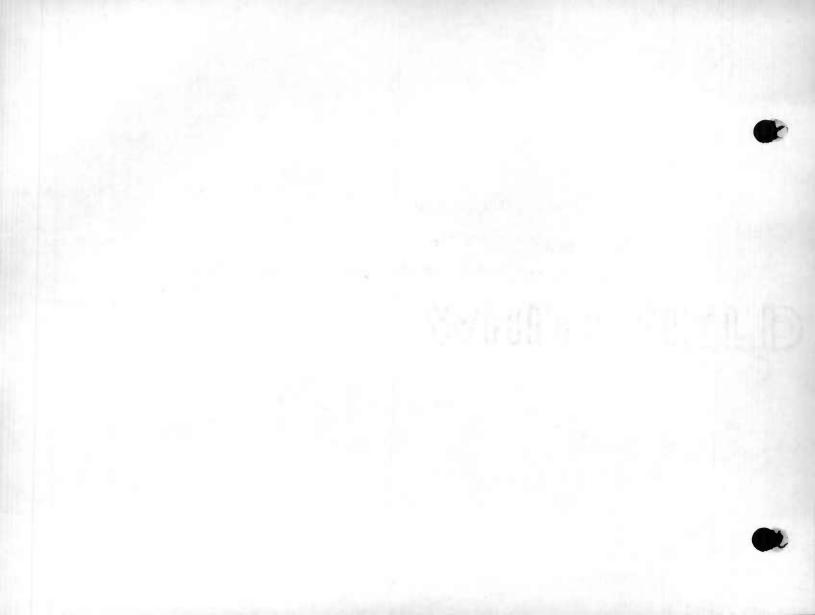
And March

NAME: Francis Arthur Sherman

DATE OF DEATH: January 31, 1979

PLACE OF DEATH: Prince George's County

SEE: # 79-05015
February, 1979
Prince George's County



STATE OF MARYLAND

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DHMH - 16 50M 7/77 (VR A 15 (4))

must be notified aronce

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at other traumatic event, the medical examiner

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1-	FOR STATE REGISTRAR	DEPA		FICATE OF DEATH	TENE 79	-02443	
		CEASED NAME FIRST OR PRINT)	WIDDIE	LINE	IAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	,,,,,		garet Kat	herine	Silva	01-17-79		5:15AM M
	3. SE)		4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTI	MONTHS DAY	
Ш		Female	Caucasian	Nov.		53	YRS.	5 HOURS MIN
100		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
7		Washington, D	USA	WIDOWI	35	Prince Geo	rge County	MD.
4	10 CI	Laurel	11. NAME OF HOSPITAL, NUE (IF NOT IN SUCH FACILITY, GIVE ST Greater Laure	REET ADDRESS]	or other institution sville Hospita	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		
	USUA 13a. S	AL RESIDENCE (# NURSING HOME OF			113d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
4			-	rel	YES NO X	9105 Cont	ee Road	
	14. FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM			IAST
24		Frederick	P. Moc	re	Pauline	A.		Shipley
1		VAS DECEASED EVER IN U.S. AR			17 INFORMANT	ADDRE		
1	(1	No No	579-30-	-4711	Mrs. Evelyn V	Wakefield	Same as #	13
ij		PART I. DEATH WAS CAUSE		and (c).)	Failur		BETWEE	O NO CC
9		1529 IMMEDIA	TE CAUSE (o)	august Ar	6	1		
9	B	Conditions, if any, which	DUE TO, OR ASSACONS	OUTLICE OF	· ( doe (	Harry	1	UPW
		gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	OUENCE OF	- COVO = -			1
	NO	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	ITION GIVEN IN PART	l(o)
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUS YES	
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE			
i	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.]	216 LOCATION STREET	CITY OR TOW	n COUNTY	STATE
			ital) attended the deceased fro	A Aceg	nd that in (my) (our) opinion (	death occurred on the do	te and hour and from the	-, that (I) (we) last
		obov (1) (we) (did) (did no 22b. SIG NATURE	of) view the body ofte death.		DEGREE	L MEDICAL STAF	22c. DA	TE SIGNED
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	23o. B	SURIAL, CREMATION, REMOVAL	. 23b. DATE	3t. NAME OF	CEMETERY OR CREMATORY	21d. LOCATION CITY OR TOWN	COUNTY	STATE
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST 2a DATE OF:DEATH 1. DECEASED NAME 26 HOUR (TYPE OR PRINT) Edward 6:20 PM J. Smith January 18, 1979 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5 DATE OF BIRTH MONTH Male White Jan. 24. 1915 63 TO BIRTHPLACE STATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED COUNTRY Pr. Geo. Co. Georgia U.S.A. DIVORCED WIDOWED IO CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cheverly Pr. Geo. Gen. Hosn. Giant Food BALTIMORE, MARYLAND 21201 Retail Clerk USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13g. STATE 113b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Hvattsville YES T NO [ 4815 52nd, Ave. Md PC 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Robert Andrew Smith Lou Estelle Shelton 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT DDRESSAddress Same as (IF YES, GIVE WAR OR DATES) Beatrice C. Smith (Wife) No# 13e. Yes W.W.TT 255-18-5040 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY-PRESTON ST., Conditions, if any, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF 3 underlying couse lost 201 CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 0 90 DATE OF OP ATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED NCERTIFYING CAUSES OF DEATH? rial-tronsit peri 210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE AT WORK 220 | certify that (1) (this hospital) attended the deceased from sow the decessed of ve on obove, (Dive) (did) (did not view, me body ofter death. (m) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c, DATE SIGNED 226. SIGNATUR ATTENDING AFTICAL STAFF should be detowith the Stote D Jan. 19, 1979 MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS Lewis H. Dennis, M.D. 831 UnivBlydE. Silver Spring. Md 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE P.G. Md. Ft. Lincoln Cemetery Burial 1 - 22 - 79Brentwood REGISTRARS SIGNALORE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4)) F. Gasch's Sons F.H. P.A. Hyatts. Md.

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T. Gueble Sons L. L. L. Switze, Nd.

13e STREET ADDRESS 2259 September Dr. MIDDLE Henkel ADDRESS Same as #13 APPROXIMATE INTERVAL PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 161 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES 🗍 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY , and that in (my) (ear) opinion death occurred on the date and have and from the causes stated 22c. DATE SIGNED STAFF /18/79 PHYSICIAN DIRECTOR PHYSICIAN 5807 Annapolis Rd, Hyattsville, Md. 20784 COUNTY (SPECIFY) Burial 1 - 22 - 79Hillcrest Cem. Springfield Mass. 25a. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Hardesty Funeral Home 12 Ridgely Ave.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20 DATE OF DEATH

MONTH

1979

IF UNDER 1 YEAR

INDUSTRY Navv

2h HOUR

12h, KIND OF BUSINESS OR

5:55A

IF UNDER 24 HRS

FOR

REGISTRAR

- STATE

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

## STATE OF MARYLAND

	1-	STATE REGISTRAR			DEPARTA		CATE OF	DEATH	IENE	REG. N		40		
	1 DEC	CEASED NAME	FIRST		AIDDLE	U	ST		2a. DATE	OF DEATH		OAY YEAR	2b	
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	7a BII	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		R MARRIED	9 BALTI	MORE CITY C		Y OF DEATH		
1		SCOTLAND		US	A	WIDOWE		DIVORCED [	PRI	NCE GE	ORGES	COUNT	Y	MD.
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l		JOHN			CLUCKIE			ALICE		MIDDLE		Douga	11	
		VAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM	MANT		ADDRI	722	5 LAND	SDAI	LE ST
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		18 CAUSE OF DEA	TH Enter or	ily one couse per	line for (a), (b), and	l (c)		,				APPR BETWE	OXIMATE N ONSE	INTERVAL T AND DEATH
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270 1 certify that (1) (this haspital) attended the deceased from 9 3 AV 19 75									to	9 54	W	19.79	that	(1) (mallost
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		RONALD	A. SA	RNO, CAI	PT, USAF,	MC		ANDRI	EWS P	FB, MA	RYLAN	ID 2033	1	5.00
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DHMH - 16 50M 7/77 (VR A 15 (4))

Huntt Funeral Home

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	75 65 8		CEASED NAME FOR PRINT)	1		MIDDLE			AST			OF	KNOWN ESTI-		,	YEAR	2h HOUR
	ASE OR. JRS JRS ET,			RICH	ARD	A.		SPE	NCE			DEATH	MATED		4	19 79	M
	ARY, PLEASE LLDIRECTOR. YOUR FILES. R 72 HOURS	3. SEX	4. RA	CE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS	ER 1 YR.	IF UNDER	R 24 HRS.	2c. DAT	INCED.	MONTH	DAY	YEAR	12:30
	N. Z.	ma	ale wh:	ite	April .		29 YRS.	Moreting		HOURS	mirs,	DEA	D	1	4	1979	p M
	POR YESSA	7a. BI	RTHPLACE (STATE OF	2	76 CITIZEN OF V	HAT COUN	TRY? 8.	MARRIE	D T NE	VER MARE	RIED 🗆	9. BALTI	MORE CIT	Y OR COU	NTY OF	DEATH	
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	O O SE FILA		Oxon Hill	L.	3101 Cra	fford	Dr.								]	R INDUSTI P.E.F	co
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21201	SECOLO SET AND		aryland		nce Geor	ge Ox	on Hill		YES &	NO 🗆	3	101	Craff	ord D	rive		
	H. A.		THER'S NAME						IS. MOTHE	R'S MAID	EN NAME						
× w	ON VITE		Regin	ald	MIDDLE		ence			Vick	cie		WIDDIE		Vict	oria	
0	PAGE FORM SS 1 AP	16a. V	/AS DECEASED EVE	R IN U.S. AR		16b. SOC	IAL SECURITY N	10.	7. INFORA				ADDR	ESS			
BALTIMORE, MD.	SGHZA	YI	No No. OK UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	577-	-62-9807		Bren	da L.	Spe	nce	(wife	) as :	in I	tem 1	3a.
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5,3	S S S S S S		PART 2 DINER SIGNIFICA	ANT CONDITIONS	CONTRIBUTING TO DEAT	N BUT NOT RELA	TED TO THE TERMINA	L DISEASE	OR CONDITION	GIVEN IN P	ART 1 (a).						
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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST.,	HOULD BE EXECTOR SPENDING. 1 SHEF MEDICAL USED AS A BUT OF HEALTH AND OF HEALTH AND IL, CREMATION,	CERTIFICATION	19a. DATE OF OPER	RATION	19b. COND	ITION FOR V	WHICH OPERAT	ION WA	S PERFOR	MED?					20. /	AUTOPSY1	-
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	BP	24. FU	NERAL DIRECTOR				6160		Hill	25a. DATE							
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FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02648

X	REGISTRAR	CE	CITEICATE OF DEATH	REG. NO.	02110
	ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MON	ITH DAY YEAR 26. HOU
	Matti	ie G.	Stafford	1	5 79 11
3 SE	EX .	RACE 5 D	ATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS
) _	tenale	Caucasion	AONTH 11 / XX 1886	92	YRS.
7a B	COUNTRY)	TE CITIZEN OF WHAT COUNTRY?	RRIED NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH
17	Washington, DC.	1 MANE OF HOSPITH AND AND AND	OWED DIVORCED	PRINCE G	
30 4	rattsville, Md	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRES	pattsville	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	ORKING LIFE) INDUSTRY
35 USU	JAL RESIDENCE (IF NURSING HOME OR OS STATE)	other institution, give residence before abovis TY 13c. CITY OR TOWN The strength of the stre	13d. INSIDE CITY LIMITS? YES NO [	130 STREET ADDRESS	ris Laue
15/	Natharied M	MIDDLE Perrile	15. MOTHER'S MAIDEN NAI	WIOOFE	CAMPBELL
2 100	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 16 SOCIAL SECURITY	D. 17 INFORMATION (	OX STEPHEN M.	ST. SILVER SP.
	18 CAUSE OF DEATH (Enter only	y one couse per line for (a), (b), and (c)			APPROXIMATE INTER
8	PART I. DEATH WAS CAUSED	E CAUSE (O) ONEUMON	ia poss.as	piration	5 day
	436-	DUE TO, OR AS A CONSEQUENCE	OF .		
	Conditions, if ony, which gove rise to immediate	( b) recurren	ce of recent	+ cerebro-	2 hour
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NO	PART 2 OTHER SIGNIFICANT CO	onditions <u>contributing to death</u>	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ON GIVEN IN PART 1(0)
CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPER	ATION WAS PERFORMED	200 AUTOPSY? 20 IN	b. IF YES, WERE FINDINGS USE I CERTIFYING CAUSES OF DEAT YES \rightarrow NO [
3 5	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DAY Y	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)
1 8	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ET	211 LOCATION STREET	CITY OR TOWN	COUNTY 5
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	sow the deceased alive an above, (1) (we) (did) (did not		_, and that in (my) (our) apinion	death occurred on the date of	
	22b. SIGNATURE	Doldless	M.D. ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
		DDINITA	22- ADDDECC		
	22d PHYSICIAN'S NAME (TYPE OR	- 111			1
1	Frank E	E. Goldberg			E, Wash., C
230.	Frank E	236. DATE 236 NAME	OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	E, Wash., C
230.	Frank E	23b. DATE 23c/NAME 1/8/79 CONG	OF CEMETERY OR CREMATORY	234 LOCATION	ON D C

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME FIRST 24. DATE OF DEATH MONTH YEAR 2b HOUR (TYPE OR PRINT) 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR CAY OAYS HOURS Male White 1922 lua. 56 To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** COUNTRY MARRIED NEVER MARRIED Wash., D.C. WIDOWED DIVORCED [ Prince George's 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Prince Georges Hospital Cheverly Plumber USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION) 1136 COUNTY 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Md. P.G. Suitland 3436 Glenn Drive YES X NO [ 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE Thomas Sturgess Susan King 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS Suitland, Md. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) W.W.II Yes Marie Jones, Niece, 2511 Shadyside Ave Unknown 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Olhers Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 2 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ Hygi 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH entol (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 8 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL should be deto-with the Stote [ 13 MPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 1-17-79 Wash., Natl. Cem. Suitland, P.G., Md. 24 FUNERAL DIRECTOR Robt E Wilhelm ADDRESS 308 Suitland 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/73 (VR A 15 (4)) Funeral Home Rd., Suitland, Md.

Rd., Suitland, Md.

(VRA 15 (4))

Funeral Home

STATE OF MARYLAND

FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-02453

£		CEASED NAME Abbie	DOTA SUTTO	ON LAST	REG. NO.  20. DATE OF DEATH MO  January	26, 1979	3:08a.
S office of the state of the st	3 SEX		4 RACE Blank	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD		IF UNDER 24 H HOURS MI
72 hour		RTHPLACE (STATE OR FOREIGN DUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIE	9 BALTIMORE CITY OR	COUNTY OF DEATH	
Within North	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN				y OF BUSINESS
bell e			Doctors' Hospita	al of P. G. Cour		Ž.	
should be	13a S	Md. Us coun	om Crist	YES NO [	332 P	nE ST.	
ond 2 st	14 FA	THER'S NAME  ON KNOWN	AIDDLE LAST	15 MOTHER'S MAIL  GOFNE	CLIA EVANS	LAS	57
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other trou		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU		300001111 744		
Then pled to burio injury, or	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR CONDITION		a1
giene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		Ob. IF YES, WERE FIND IT N CERTIFYING CAUSES YES []	
m 18		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	THE PARTY OF THE P		OCCURRED (ENTER NATURE OF INJURY I	N ITEM 18, PART 1 OR PART 2)	
the burio and Ment	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211 LOCATION	CITY OR TOWN	COUNTY	STATE
f Health I is mark		220.1 certify that (1) (this hospit saw the deceased alive on		79 , and that in (my) (our)	79 , to 125 opinion death occurred on the dote		that (I) (we)
e Dept. o		above, (1) (we) (did) (did no	) Anna	DEGREE ATTEN	DING _MEDICAL _ STAFF	22c. DATE	
should be de with the Stote		22d. PHYSICIAN'S NAME (TYPE OF		22e. ADDRESS	CIAN DIRECTOR PHYSICIA	AY RD	(868-
shous With	23 a. E	SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMA	ATORY 23d. LOCATION	COUNTY	STATE
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- STATE

**DHMH-17** (VR A15 ME (5))

15M 7/76

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O DATE KNOWN MONTH 7h HOUR 1 BALTIMORE CITY OR COUNTY OF DEAT 12b. KIND OF BUSINESS 120. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY Home 13e. STREET ADDRESS Queens Chapel Road LAST Mt Rainier, Md.

YES NO 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

ADDR 12800 Willow Wind Circle Tantallon Md. 20022 Md.

Brentwood Pro Georges

Gasch's Sons P A Hyattsville Maryland

250. DATE REC'D. BY REGISTRAY 256 REGISTRAR'S SIGNATURE

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

20. AUTOPSY?

COUNTY

STATE

79-02454

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F. Gasch's Sons P A Hyattsville, Md.

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 60M 1/75 (VR A 15 (4))

DECEASED NAME

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

9-02455

2h HOUR

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL

STATE

COUNTY

Telephone co

DAYS

8:15PM

REG NO

20 DATE OF DEATH

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 2n DATE OF DEATH 2b. HOUR (TYPE OR PRINT) FUELYN TAYLOR Helen IF UNDER 1 YEAR 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3 SEX MONTH YEAR FEMALE 19 WHITE 1904 Mar BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY Wash., D. C. PRINCE GEORGE'S COUNTY DIVORCED X WIDOWED HI CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Dental Tech. Retired PRINCE GEORGE'S GEN HOSPITAL CHEVERI Y MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE N36. COUNTY | 113r. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Seat Pleasant 6022 Crown Street P.G. Md. A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Viedt Edward Lee Emma PRESTON ST., BALTIMORE, 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT 410 Suffolk Ave., Cap. Hgts, 577-24-5436A Marjorie White, Daughter No Md. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY. Coronary insufficiency, acute IMMEDIATE CAUSE (a ec cardiovasculas disea (externos cle gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206- FYES, WERE FINDINGS USED 190 DATE OF OPERATION N CERTIFYING CAUSES OF DEATH? MAN 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR MMO WONTH DAY YEAR OR CONTRIBUTION TO THE OF DEATH MEDICAL (IF FITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE 22a. | certify that (1) Whis hospital) attended the declased from_ saw the deceased alive on above, (I) (we) (did not) yew the body after death and that in (my) (our) pinion death occurred on the date and hour and from the causes stated 226 SIGNATUR DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS should be with the S CESAR SORIAND 23d. LOCATION 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE COUNTY (SPECIFY Burial 2 - 3 - 79Prospect Hill Cem. Washington, 4308 Suitland DATE REC'D. BY REGISTRAR 251 BEGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Robert E Wilhelms DHMH - 16 50M 7/77 (VRA 15(4)) Funeral Home Rd., Suitland, Md.

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STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME a. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED DEAD Ta BIRTHPLACE (STATE OR **BALTIMORE CITY OF COUNTY OF DEATH** MARRIED NEVER MARRIED FOREIGN COUNTRY Canada DIVORCED OFF OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Home FOR MOST OF WORKING LIFE! 603 15. MOTHER'S MAIDEN NAME FIRST LAST Unknown Henry 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 7. INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) John L Thomas Jr Hvattsville, Md. 212 64 3360 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter anly ane cause perfor (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CERTIFICATION 20 AUTOPSY? BURIAL NO [ UNDERLYING CONTRIBUTING CAUSE OF DEATH WHILE AT WORK TO MEDICAL EXAMINER: TEXECUTE HE CERTIFICATE, PAGE 4 SHOULD BE FOWN TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21: 22a. I certify that I taok charge of the remains described above, held an Inspection Suicide Hamicide Undetermined manner TITLE (SPECIFY) MODEPUTY MEDICAL EXAMINER EXAMINER'S NAME JGUSTO P. ROBRIGUEZ M.D. ADDRESS 12800WILLOW WIND CIRCLE OXON HILL TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OF CREMATORY 23d LOCATION Ft Lincoln Cemetery Burial Jan 9, 1979 Brentwood Pro George Md. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** F. Gasch's Sons P ADDRESS Yattsville, Md. (VR A15 ME (5)) 15M 7/77

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## THOMPSON 01 09 FLORENCE L. 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH DAY Black 08 10 / 809 Female TO BIRTHPLACE STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED - NEVER MARRIED Prince Georges WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID CITY ON TOWN OF DEATH 12ª USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Retired Clinton SOUTHERN MARYLAND HOSPITAL CENTER BALTIMORE, MARYLAND 2120 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 113b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? antown P.O. 20617 Charles Md. Bryanstown 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 14-36-1766 18 CAUSE OF DEATH Enter only one cause per line for (a), (b and ic PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (a DUE TO OR AS A CONSEQUENCE O embringa Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost enomators PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? ď IN CERTIFYING CAUSES OF DEATH? PERITONITIS - GANGRENE bei NOF 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH entol MEDICAL 0 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN WHILE NOT WHILE | AT WORK 12-05-78 22a I certify that (1) (this hospital) ottended the deceased fram, 1-09 sow the deceased alive on. , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE = ATTENDING STAFF MEDICAL should be deto with the State I DIRECTOR PHYSICIAN PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS Mridula Singh, M.D.

23b. DATE

FOR

- STATE

(TYPE OR PRINT)

REGISTRAR I. DECEASED NAME

230 BURIAL_CREMATION, REMOVAL

EUNERAL DIRECTOR

BP

DHMH - 16 60M 1/75 (VRA 15(4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

236 NAME OF CEMETERY OR CREMATORY

2g. DATE OF DEATH

23d. LOCATION

25 HOUR

HOUR5

17h KIND OF BUSINESS OR

APPROXIMATE INTERVAL

NO I

STATE

79

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YES T

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COUNTY

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

22c DATE SIGNED

DAYS

IF UNDER I YEAR

0:15A.M

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-02460 FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN DECEASED NAME MONTH 2h HOUR (TYPE OR PRINT) OF ESTI-NECESSARY PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. DEATH MATED Hans Bernard Treichel 3 19 79 3 SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY) PRONOUNCED 3:50P DEAD Aug. 13 1943 Male White 13 19 79 To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH L CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED E. Germany ermany WIDOWED [ DIVORCED Prince George's County FILED, 10. CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY PAGE 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)
General Manager LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) McNey Meters Prince George's General Hosp. Cheverly 踞 RETAIN HOULD BE USUAL RESIDENCE (IF IN NORSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1507 -- 33rd St., N.W. 13% COUNTY 13c. CITY OR TOWN 21201 30. STATE 13d. INSIDE CITY LIMITS? D.C. Washington 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Frederick Karl Treichel Hannah nknown FORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS PAGES DIVISION (YES, NO, OR UNKNOWN) LIFYES GIVE WAR OR DATES) Susan P. Treichel, Wife. None ame as item 13. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 00 PART I DEATH WAS CAUSED BY PRESTON ST. Multiple injuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF OR REMOVAL Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, 301 USED AS A BUR OF HEALTH AND AL, CREMATION, ( PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 MEDIC CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF JO BURIAL, YES X NO [ 3 SHOULD BE DEPARTMENT 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XX MONTH DAY YEAR UNDERLYING OR MEDICAL 0 CONTRIBUTING CAUSE OF DEATH 1:27.M. 13 1979 passenger in auto/auto impact PRIOR 2 PLACE OF INJURY JATHOME. 214 INJURY OCCURRED 21f. LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE STATE ( AT WORK AT WORK Steed Road P.G. MD Clinton street Autapsy X 220. I certify that I taak charge of the remains described above, held an Inspection and in my apinian Inquiry Suicide death resulted fram Natural causes Hamicide Undetermined manner SHOULD TITLE (SPECIFY) ACTUAL PAGE 4 SHOU TO FUNERAL DAFTER DEATH, BALLIMORE, MA SIGNED 1/14/79 Deputy Chiefocal Examiner SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto. MD. (TYPE OR PRINT) ADDRESS. 231. NAME OF CEMETERY OR CREMATORY 23d, LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE STATE Cremation Cedar Hill Crematory Suitland. aryland BP JOSEPH CAWLER'S SONS INC. 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAL **DHMH - 17** (VR A15 ME (5)) 5130 WISG. AVE., N. W. WASH., D. C. 20016 30M 7/73

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 0. DATE KNOWN 7b. HOUR (TYPE OR PRINT) OF ESTI-CINIBL topert DEATH MATED DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 3 YRS. PRONOUNCED -25 DEAD TO BIRTHPLACE (STATE OR L CITIZEN OF WHAT COUNTRY? BALLIMORE CITY OR COUNTY OF DEATH NEVER MARRIED WIDOWED DIVORCED D CITY OR JOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS PAGE OR INDUSTRY Insurance Broker SHOULD BE G. Hospital Cheverly 13g STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 3413 25th Avenue Hillcrest Hgts 🛭 Md G. NO [ AND 2 S 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Alexandria Thompson Trimble Curtis 7 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Same as Above DIVISION IF YES, GIVE WAR OR DATES -3 HYDEVEC Trimble, Wife W.W.II Dorothy M. 18. CAUSE OF DEATH (Enter only one cause per Justiger (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF REMOVA Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURIAL YES . NO [ E 3 SHOULD BE E DEPARTMENT ( PRIOR TO BURIA 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. 21e PLACE OF INJURY TATHOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE 21201 22a. I certify that I taak charge of the remains described above, held an ARYLAND. TO MEDICAL EXAMIN

EXECUTE THE CERTIFIC
PAGE 4 SHOULD BE
TO FUNERAL DIRECTC
AFTER DEATH, WITH THE BALTIMORE, MARYLANI death resulted fram: Natural causes Hamicide Undetermined manner ACTUAL MEDICAL EXAMINER 2800 WILLOW WIND CIRCLE, TANTALION, MD EXAMINER'S NAME AUGUS TO RODRIGUEZ (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Resurrection Cemetery Clinton, P.G., Md. Wilhelm 4308 Suitland 250 Date REC'D. BY REGISTRAR 456. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR RODT **DHMH-17** (VR A15 ME (5)) Rd., Suitland, Md. uneral Home 15M 7/77

6	
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4, fay be equired by the hospital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direction mae 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death. With the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.
within 24 hours ofter	eletely filled in by the d 2 should be filed wit
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MPORTANT: If them 21 is marked or Item 18 shows any injury, ar ather traumatic event, the medical examin

STATE OF MARYLAND FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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								REGINO	UL	105	,	
		OR PRINT)  ELLA		sther		UCKER	2a. DATE O	OF DEATH MONTH	30	79	10:	45P _M
	3. SEX	female	4 RACE whit	e	5. DATE O		6. AGE (IN)	YEARS LAST BIRTHDAY]	MONTHS	DER I YEAR	HOURS	R 24 HRS
0		RTHPLACE (STATE OR FOREIGN ) 110	76 CITIZEN OF	WHAT COUNTR	Y? 8. MARRIEI WIDOWE	NEVER MARRIED	PRINC	ORE CITY <u>OR</u> COU	-	NTY,		MD.
3	RIVE	ERDALE, MD	EUGENE SUG	LELAND	EMORIA	L HOSPITAL	(TYPE OF WOR	OCCUPATION RK FOR MOST OF WORKIN CTIVE SET	GLIFE) IN			
5	USUA 13a S	AL RESIDENCE (IF NURSING HOME O TATE 136 COU Md Pro	NTY	GIVE RESIDENCE BEF	NWO	134 INSIDE CITY LIMITS?	13e. STREET	ADDESS Ker	nmoor	e Dr	ive	
0	14. FA	THER'S NAME FIRST Omar Str	MIDDLE	LAST		15 MOTHER'S MAIDEN NA FIRST	Ella	Crew		ĮAS	Л	
		VAS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (IF YES, GIV NO	RMED FORCES?	014 26		Meldrim Tuc	cker	ADDRESS Landover	,			
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly ane cause per ED BY: TE CAUSE (a)	line for (a), (b),	and ici)	morrhag	~ , a	cut		BETWEEN	MATE INTE	PVAL DEATH
		Conditions, If any, which gove rise to immediate cause (a), stoting the underlying cause last.	(b)	RAS A CONSEC PLAS A CONSEC	1000	1 Deficies	icy An	duremi	٥	17	non	74
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CI	ONTRIBUTING TO			1		GIVEN IN	PART IC	01	
2	CERTIFICATION	19a DATE OF OPERATION		ITION FOR WHIC	A 9 0 , CH OPERATION	N WAS PERFORMED	200 AUT		YES, WER			TH?
9	CAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER N.	ATURE OF INJURY IN ITEM	18, PART 1 O	R PART 2]		
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC.}	211. LOCATION STREET		CITY OR TOWN	со	YTAUC	S	TATE
		220.1 certify that (1) (this hosp sow the deceased alive or above, (1) (we) (did) (did no	30 Ja	19	25 , an	nd that in (my) (our) opinion	death occurr	red an the date and		from the		tated
	c	Thomas M. 7	Hulst	ins		A STATE OF THE PARTY OF THE PAR	MEDICAL DIRECTOR	STAFF	2	1 /3 /	79	,
		720. PHYSICIAN'S NAME (TYPE O	M Hutch					Maryland				
-	(\$	Burial Burial		, 1979		emetery or crematory coln Cemetery	y Br	rentwood		Geor	ges	Md_
9	24 FU	F. Gasch's	Sons P	A Hyatts	sville,		FFR 5	1979	SISTRAR'S		E Cres	dy

DHMH - 16 50M 7/77 (VR A 15 (4))

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which is the second of the			
		The state of the s	

		OR PRINT)			WIDDLE			LAST			2a. DATE	7 9 E KNOWI	N DX		DAY	YEAR	26 HOUR									
	ESAU UNDERWOOD JR. DEATH MATED									1 MONTH	2 DAY	19 79 YEAR	м													
1	SEX	1e	4 RACE Black	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAL LAST BIRTHDA	MONTH	DER 1 YR.	HOURS	R 24 HRS.	PRONOI	UNCED	~	7	)		248195									
		RTHPLACE (ST		8-22-31 47 YRS. DEAD  7b. CITIZEN OF WHAT COUNTRY?  8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR C									AM													
3	Virginia			USA WIDOWED DIVORCED R Prince George's (								Cou	inty	MD.												
1	Ch	vortown everly	7	fl. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION   IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS    Prince George's County Hospital Laborer							OR	OR INDUSTRY  Priyate														
	3a. ST		13h COUNTY NONE					13d. INSIDE (FIY LIMITS?   13e. STREET ADDRESS   1843 14th St N.																		
	14. FA	THER'S NAME		MIDDLE LAST 15.				15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST						LAST												
1		sau		Underwood Sr.				Florence Co.					nway													
21		'AS DECEASEI S. NO, OR UNKNO	DEVER IN U.S. ARA				NO.							1 Monroe St												
F		yes	Kore								od_1	N.E		Was												
ı		PART I DE	ATH WAS CAUSED				with	henst	ocel	פוווו	r nec	izorr	Q		BETW	PROXIMATE ZEEN ONSET	AND DEATH									
		PARTIDEATH WAS CAUSED BY:  Fatty liver with hepatocellular necrosis  Due To, OR AS A CONSEQUENCE OF												-												
		Conditions, if ony, which																								
		gove rise to immediate (b) (DUE TO, OR AS A CONSEQUENCE OF																								
		fying couse fost.																								
				(c)											46	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).										
	z	PART 2 OTHER SIG	GNIFICANT CONDITIONS	(c)	BUT NOT RELA	TEO TO THE TERMI	INAL DISEASE	OR CONDITIO	N GIVEN IN I	PART 1 (a).					1											
	ATION	PART 2 OTHER SIGNATE OF		CONTRIBUTING TO DEATH		TEO TO THE TERMI				PART 1 (o).					20. A	UTOPSY?										
	TIFICATION			CONTRIBUTING TO DEATH		0.277				PART 1 (o).						UTOPSY?	NO []									
	AL CERTIFICATION	19a. DATE OF 21a. EXTERNA UNDERLYING	OPERATION  LL CAUSE WAS	19b. CONDI	F INJURY A. MONTH	WHICH OPER	ATION W		MED?		NATURE OF	injury in ite	M 18 PART	T 1 OR PAR	Y											
	MEDICAL CERTIFICATION	190. DATE OF 210. EXTERNA UNDERLYING CONTRIBUTIO 21d. INJURY C	OPERATION  LL CAUSE WAS  OR  NG CAUSE OF E	19b. CONDI  19b. CONDI  21b. TIME O HOUR A.A.  21c. PLACE	F INJURY A. MONTH	DAY YEAR  19 (AT HOME,	21c. HC	AS PERFOR	MED?		NATURE OF		EM 18 PART		Y											
7 7		21a. EXTERNA UNDERLYING CONTRIBUTIN 21d. INJURY C WHILE AT WORK	OPERATION  IL CAUSE WAS  OR  GO CAUSE OF LOCCURRED  NOT WHILE  AT WORK  In the 11 took of Gr	19b. CONDI  21b. TIME O HOUR A.A. 21e. PLACE STREET, FAC	F INJURY  A. MONTH  A.  OF INJURY  TORY, FARM, ET	DAY YEAR 19 (AT HOME,	21c. HO	AS PERFOR	OCCURF	RED (ENTER	CITY OR	TOWN			RT 2)		NO 🗆									
		210. EXTERNA UNDERLYING CONTRIBUTIO 21d. INJURY C WHILE AT WORK	OPERATION  IL CAUSE WAS  OR  GO CAUSE OF LOCCURRED  NOT WHILE  AT WORK  In the 11 took of Gr	19b. CONDI  21b. TIME O HOUR A.A. 21e. PLACE STREET, FAC	F INJURY  A. MONTH  A.  OF INJURY  TORY, FARM, ET	DAY YEAR 19 (AT HOME,	21c. HC	AS PERFOR	OCCURF	RED (ENTER	CITY OR 1	TOWN		COL	RT 2)		NO 🗆									
		21a. EXTERNA UNDERLYING CONTRIBUTIN 21d. INJURY C WHILE AT WORK	OPERATION  IL CAUSE WAS  OR  GO CAUSE OF LOCCURRED  NOT WHILE  AT WORK  In the 11 took of Gr	19b. CONDI  21b. TIME O HOUR A.A. 21e. PLACE STREET, FAC	F INJURY A. MONTH A. OF INJURY CTORY, FARM, ET	DAY YEAR 19 (AT HOME,	21c. HO	AS PERFOR	OCCURF	RED (ENTER	CITY OR I	ry , , monner [	ond ir	COL	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		NO .									
7	MEDICAL	21a. EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY C WHILE AT WORK  22a. I certil deoth resulte ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRII	OPERATION  AL CAUSE WAS  OR  OR  OCCURRED  NOT WHILE  AT WORK  by that I took array  and from Notor  NAME Thoma	21b. TIME O HOUR A.A. 21c. PLACE STREET, FAC  Sof the remoins de sprouses  S. D., Smit	F INJURY A. MONTH A. OF INJURY TORY, FARM, ET	DAY YEAR  19 (AT HOME, TC.)  ve, held on	21c. HC 21f. LOC 51	AS PERFOR	Inspection PECIFY)	ion . Unde	Inquir Inquir Inquir DICAL EXA	ry ., monner [  AMINER	ond ir	COL n my op	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	YES X	NO .									
13	WEDICAL WEDICAL	21a. EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY C WHILE AT WORK  22a. I certil deoth resulte ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRII	OPERATION  IL CAUSE WAS  OR OF CAUSE OF E  OCCURRED  NOT WHILE AT WORK  Thoma  NAME Thoma	21b. TIME O HOUR A.A. 21c. PLACE STREET, FAC  Sof the remoins de sprouses  S. D., Smit	FINJURY A. MONTH A. OF INJURY CTORY, FARM, ET  cided  h, M.  23c. N	DAY YEAR  19 (AT HOME, TC.)  ve, held on	21f. LOC S1	AS PERFOR  OW INJURY  CATION  TREET  Homic  Depi	Inspecticide PECIFY OTY	ion . Unde	Inquir termined	ry ., monner [  AMINER	ond ir	COL n my op	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	7ES 🛣	NO .									

1	11							MARYLAND						
15	4	1-	FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATHS - 0.2 4 6 4										
	1		REGISTRAR		MEI		AMINER'S	CERTIFICA	TE OF DEA	REG.		70.	The T	
	SE. PR. FES. FT,		CEASED NAME PE OR PRINT)  7	Fank		WIDDLE	LINU	17X		OF ESTI- DEATH MATED	1-3	DAY YEAR	26 HOUR	
	RY, PLEASE DIRECTOR. OUR FILES. 12 HOURS	3 SE	Tale 1. RAC	111 / 1 /	S-31-	9 7 6.1	AGE (IN YEARS IF L			2c. DATE PRONOUNCED DEAD	монтн / — 3	DAY YEAR	2d. HOUR	
	SSA BAL BAL BEST		RTHPLACE (STATE OR		CITIZEN OF WH	HAT COUNTRY	? 8 MAR	RIED A NEVER	MARRIED T	9. BAUTMORE CITY	OR COUNTY	OF DEATH		
	NECESSAR FUNERAL 5 FOR VO WITHIN	England  10. CITY OR TOWN OF DEATH			USA WIDOWED DIVORCED DIVINCE						(2002	seorges MD.		
	URS AFTER DEATH. IF ANY DELAY IS.  8. GNE PAGES 1, 2, AND 31 OTHE F. WITH FORM PM. 3. RETAIN PAGE 5 I. PAGES 1 AND 2 SHOULD BE FILED. DIVISION OPAUTAL RECORDS, 30 NW				11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TY FOR MOST OF WORKING LIFE)						TYPE OF WORK 12	PE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY		
	DELA TO TO TO TO S. 3		Cheverly		Prince			pital		erating	Eng.	U.S.Go	ov't	
5	7 CORUED		AL RESIDENCE (IF IN NI TATE	13b. COUNTY	HER INSTITUTION, GI	13c. CITY OR		13d. INSIDE CITY LI		EET ADDRESS				
21201	SHO SHO	_			P.G.	Dist	. Hgts.				rkland Court			
MD.	PW PW	14. Fz	ATHER'S NAME FIRST	M	IDDLE	LAST		FIRST	MAIDEN NAME	MIDDLE		LAST		
m,	AN ON ON	160 \	Robert VAS DECEASED EVER	INIIS ADAGE		win	SECURITY NO.	17 INFORMAN	Ada	Wige	gleswo	rth		
BALTIMOR	F P P P P P P P P P P P P P P P P P P P	(1)	ES, NO, OR UNKNOWN)	(IF YES, GIVE WAR	OR DATES)					in, Wife	Samo	20 Al	20110	
BAL	MES A WITH PAC PAC PIVIS		Yes  IS CAUSE OF DEA	W.W.I			6-9993	rialiii.	TG OHW	LII, WILE	, Danie			
V ST.,	HIN 24 HOU IN ITEM 18. IR ALONG V ISIT PERMIT. HYGIENE, D		PART I DE ATH V	VAS CAUSED BY	Hry	2021050	Lezo Fr	e eouth	10-COV	deo Vaso	alala	APPROXIMATE BETWEEN ONSET		
PRESTON	ALC ALC	13	4370		. 1/	AS A CONSEC	QUENCE OF							
	WITHIN MINER ANDER ATTENDED TO THE MINER ATT	75	Canditians, if gave rise to		(b)	To be			15ab 10					
*	THE A		cause (a) stating		DUE TO, OR	AS A CONSEC	QUENCE OF							
301	0 5				(c)									
RECORDS,	MEDICA MEDICA AS A B ALTH AT EMATION	Z	PART 2 OTHER SIGNIFICAT	IT CONDITIONS CONT	RIBUTING TO OEATH	BUT NOT RELATED 1	O THE TERMINAL DISE	ASE OR CONDITION GIVE	EN IN PART 1 (a).					
		CERTIFICATION	19a. DATE OF OPER	ATION	196 CONDIT	TION FOR WHI	CH OPERATION	WAS PERFORMED	)?			20. AUTOPSY?		
OF VITAL	A S S S S S S S S S S S S S S S S S S S	IFIC	ALC: UNIS									YES 🗆	NO 🗆	
) F V	CERTIFICATE SHO TING THE WORD SED TO THE CHI DEPARTMENT OF PRIOR TO BURIAL,	W W	21a. EXTERNAL CAU		216. TIME OF	INJURY		HOW INJURY OCC	CURRED (ENTER N	NATURE OF INJURY IN ITEM	18 PART 1 OR PART ?			
NO	SH CONTROL	₹ N	UNDERLYING CONTRIBUTING				19							
DIVISION	CERTIFO TING DED TO E 3 SHO PRIOR	MEDICAL	21d. INJURY OCCUR			OF INJURY (A	THOME, 21f. E	OCATION STREET		CITY OR TOWN	COUNT	TV	STATE	
0	R: THIS CER TE, WRITING DRWARDED : PAGE 3 S STATE DEP	-	AT WORK AT V	VORK -						/	/		011112	
	2 S .: 2		220. I certify that	I taak charge af	the remains des	cribed abave,	held an Auto	psy , Ins	spection ,	Inquiry .	and in my apıni	ian	Marie .	
	EXAMINER: CERTIFICATE JID BE FOR DIRECTOR: WITH THE ARYLAND, 2		death resulted from	n: Matural co	auses ,	Accide	, Suicide	, Hamicide	Undete	ermined manner	],			
	EXAM CERTII UID B DIREC WITH	100		Hum	of Y	Froh	1410/	TITLE (SPECI	IFY)			1 - 2 - 7	0	
1-4:21	HHE CHILL		ACTUAL SIGNATURE	regus	YC+ /-	71000		M.D. Dep	outy_MEDI	ICAL EXAMINER	DATE SIGNED	7-3-7	/	
	NOR DEA		EXAMINER'S NAME	/ Au	gusto P	. Roderi	guez	128	300 Will	ow Wind C:	ircle,0	xon Hil	1,Md.	
	TO MEDICAL E EXECUTE THE FAGE & SHOU TO FUNERAL AFTER DEATH, BALTIMORE, MA	_	(TYPE OR PRINT)					_ADDRESS				2002		
21		230. B	URIAL, CREMATION,				E OF CEMETERY			CATION	COUNTY	STA	ATE	
	BP	24. F	Burial UNERAL DIRECTOR I	Robt E	-6-79 Wilhel	Ced lm 43	OR Cuit	Cemete	DATE REC'D. BY	registrar 25b. RE	GISTRARSSIA	NAMOE.		
	DHMH - 17 (VR A15 ME (5))		uneral H		ADDRESS		and, Mo			1070 1		a Cready		
	15M 7/77	I	micrar I	TOME	Mu.	DUTTT	allu, Mo	1.	MAN 8	83/3	1			

79-02464 made a few states of the state of the state

500 UNIV BLUD . W. SILVER SPRING, MD.

FOR - STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

79-02465

		REGISTRAR				CENTIL	ICAIL OF L	LAIN		REG. N	0.	-		
	1. DE	CEASED NAME	FIRST	1	MIDDLE		AST		20 DATE OF		MONTH	DAY	YEAR	26 HOUR pm
		Ar	thur		R.		ight				1	7	79	်း 6:50
	3 SE	× MALE		RACE WHIT	F	S. DATE C	DAY	YEAR	6 AGE (INY	EARS LAST BIRT		MONTH	DERIYEAR S DAYS	IF UNDER 24 HRS HOURS MIN
	7n B	RTHPLACE (STATE OR FO	DEIGN		WHAT COUNTRY?	8	23	09	9 BALTIMO		YRS		EATH	
70		RTH CAROLI		U.S.		MARRIEI	D NEVER	MARRIED .		INCE			EAID	MD.
OC	A	TY OR TOWN OF DEAD		1836 I	HOSPITAL, NURSIN H FACULTY GIVE STREET A METZEROTT	ROAD	OR OTHER INS	TITUTION	120. USUAL (TYPE OF WOR SAL		F WORKING		b. KIND O IDUSTRY	F BUSINESS OR
35	13a S M	ARYLAND	136 COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN ADELPHI		13d INSIDE C	ITY LIMITS?	13e STREET 1836	ADDRESS METZ	EROT	T RO	AD	
160	14 FA	PETER	٨	MODLE	UPRIGH	Т	15. MOTHER	S MAIDEN NAM FIRST MARGARI		MIDDLE		K	ARRI	KAR
	16a V	WAS DECEASED EVER YES, NO OR UNIONOWN)		MED FORCES? WAR OR DATES)	240-05-		17. INFORMA	H UPRIG	нт	SAME			WI	
C event, in		18 CAUSE OF DEATH Enter only one couse per line for (a), (b) and (c) PART I. DEATH WAS CAUSED BY  Carcinomatosis  Due to, or as a consequence of												MO.
		Conditions, if any, gave rise to imm couse (a), statin underlying couse	nediate g the	(b)	Carcin	A CONSEQUENCE OF							6.	+ mo,
G. Carlon Co.	CERTIFICATION	PART 2. ON ARX IND Medical 190 DATE OF OPERAT	Exan	iner r	XXXXXXXXXXXXX Ootified	and	rele	ased	200 AUTO	234	20b. 1F Y	ES, WER	RE FINDIN	IGS USED
9		210. ACCIDENT WAS UND	_	216. TIME O HOUR A.	F INJURY M. MONTH DA	Y YEAR	?Ic. HOW IN	JURY OCCURR	YES	NO		YES [		NO 🗌
The or men	MEDICAL	(IE EITHER, NOTIFY MEDICA  21d IN JURY OCCURR  WHILE NOT WHAT WORK AT WORK	RED	21e PLACE ( (AT HOME, STR		19 ARM, ETC.)	21f LOCATION STREET	N		CITY OR TOY	VN	со	DUNTY	STATE
AND THE WORK OF THE TO		22a 1 certify that (1) saw the decease above, (1) (walled 22b. SIGNATURE)	d ofive on.	111	7 19		PEGREE	, 19 7 0	MEDICAL	STAI	FF	100		
1		John J.			D.		22e ADDRES	physician 12 s Irving				n. D	)C 2	0010
	(	BURIAL, CREMATION, SPECIEY) BURIAL		23b. DATE 1/12/7	79 PR		EMETERY OR O	CREMATORY CH CEMET	THRY M	OORES	VII	COUNT	POW	STATE N.C.
	24. FI	UNERAL DIRECTOR F	RANCI.	S J. CO.	LLINSORESS			TAN	SEC'D BY	FEISTRAR	25b. P.	STEAR'S	N. W.	REMAN

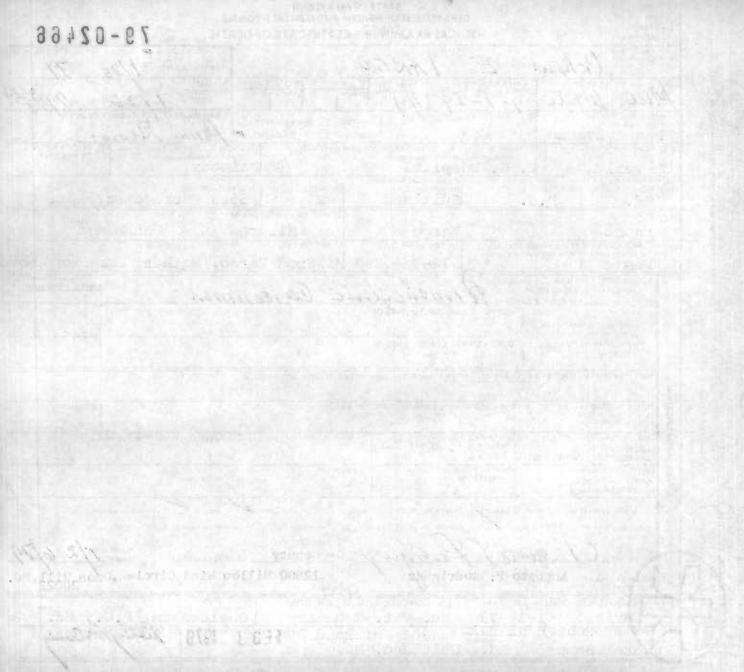
JAN 1 0 1979

DHMH - 16 50M 1/76 (VR A 15 (4))

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	96			TEMP	4477
1	ANTEN TOWN		X.	.2.0	RELIGIOS COM
	WANGELIAN.		GLIERUIT ROAD	F FEET	THEFT
The divos	TES WEITERSTE	100	TALTERY	.000 .170	CIAIVIA
PATERDAY		TERRENTET	THOUSEN		411.00
STREET	27 01 3932.	month do to the	2 10 210 F-30 -376		

BURING 1/12/79 FROSVECT CHRITZY ORDITHEY WOTESUTY, - 5 CF, MAIL C.
FRANCIS J. VALLIUS
UNITY. HAVE J. STREET HD. 2097; SAFW | 0 1915

2							TE OF MA					
		11-	FOR STATE			DEPARTMENT OF				•		0.0
			REGISTRAR		MEI	DICAL EXAMIN	ER'S CE	RTIFICATE	OF DEATH	REG. NO.	9 - 024	66
	ASE ES. ET.		CEASED NAME PE OR PRINT)	chard	E	VAR C	50 LAS	31	0		POT 19	Zb. HOUR
	ON SECTION OF THE PARTY OF THE	3 SE	Tale W	hite	DATE OF BIRTH	29 LAST BIRTHD.	AY) MONTHS	R 1 YR. IF UNDE	MIN. PRON	ATE OUNCED 1	26 19	10 345
	SS		RTHPLACE (STATE OR	71	. CITIZEN OF WH	AT COUNTRY?	8. MARRIED	☐ NEVER MAR	RIED . 9. BAI	IMORE CITY OR	COUNTY OF DEAT	A .
	NECES S PONE WITH		Pennsylv		USZ	A	WIDOWED			muc A	Loigen	MD
	PAGE 5 FILED, V	10. C	TY OR TOWN OF DE	ATH I	I. NAME OF HOS	PITAL, NURSING HOME	, OR OTHER	INSTITUTION	12a. USUAL OC	CUPATION (TYPE OF WORKING LIFE)	WORK 12b. KIND O	F BUSINESS USTRY
	10 g m 15		neverly	P	. G. Ho	ospital			Painte	er		
-	20 m		AL RESIDENCE (IF IN NI TATE	URSING HOME OR C	THER INSTITUTION, GIV	13c. CITY OR TOWN		d. INSIDE CITY LIMITS?	13e STREET AD	DRESS		
21201	F AND SHOULD SHO		Md.	P.G		Suitland		YEST NO	OFFO		Dr. Ap	t. C
MD. 2	I . NA	14. F.	ATHER'S NAME		AIDDLE	LAST	MIDDLE	TZAL				
	DEATH PAND 2	1	Ernest			Vargo	На	Habblett				
MON	X X X	16a. V	VAS DECEASED EVER	IN U.S. ARMEI	D FORCES?	16b. SOCIAL SECURIT	Y NO. 17.	. INFORMANT		ADDRESS		- Sept 1/1
BALTIMORE,	URS AFTE 8. GIVE P WITH FO PAGES DIVISION		Yes			578-36-9	890 M	ildred	Vargo,	Mother,	Same as	s Abov
	24 HOUR ITEM 18. G LONG WI PERMIT. P SIENE, DIV		18 CAUSE OF DEA PART I DEATH V	VAS CAUSED B	Y: (2)	for (a), (b), and (c).)	conic	Open	cusm	. ·	BETWEEN	MATE INTERVAL
N O			11,29	IMMEDIATE (		AS A CONSEQUENCE		CC /	2708000			
REST	THIN 2 IL IN IT ER ALC NSIT PI L HYGI		Canditians, if		1						200	
× .	CECUTED WITHIN 5" IN PENCIL IN AL EXAMINER A BURIAL-TRANSIT AND MENTAL HY		gave rise to immediate (b)									
10			lying cause last		(6)							
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST.,		13	PART 2 OTHER SIGNIFICA	NT CONDITIONS CON	TRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION GIVEN IN P	ART 1 (g).			
0	AS AS ALTH	N N	120 103									
2		CERTIFICATION	19a. DATE OF OPER	ATION	19b. CONDIT	ION FOR WHICH OPER	ATION WAS	PERFORMED?			20. AUTO	PSY?
/ITA		E									YES [	□ ON □
OF.	A HORES		210. EXTERNAL CAU		21b. TIME OF HOUR A.M	INJURY . MONTH DAY YEAR	21c. HOW	'INJURY OCCURR	ED LENTER NATURE C	F INJURY IN ITEM 18 PART	I OR PART 2)	
ON	A RIVE	CAL	CONTRIBUTING			. 19						
VISI	CERTIFING TOPED TO	MEDICAL	21d INJURY OCCUR			OF INJURY (AT HOME, ORY, FARM, ETC.)	21f. LOCA		CITY O	RIOWN	COUNTY	STATE
ā	AR AR OF COR	~	AT WORK AT V	VORK					/	. 10111	000411	VINIE
	2		22a. I certify that	I taak charge a	f the remains desc	cribed abave, held an	Autapsy		an Ings	uiry ond ir	n my apinian	
	L EXAMINER E CERTIFICAT OULD BE FO IL DIRECTOR: H, WITH THE MARYLAND,		death resulted fram		100		icide	Hamicide .	Undetermine		, , , , , , , , , , , , , , , , , , , ,	
	EXAMINATION OF THE PRINCE OF T	159		1		()		TITLE (SPECIFY)			,	4
	AL EXA HE CER HOULD AL DIRI TH, WII		ACTUAL SIGNATURE	Music	MA	Loolugu	3 M.D.	Deputy	MEDICAL EX	CAMINER	DATE SIGNED 1/2	6/79
	DIC STEEL		EVANDEDIC NAME	Augus	to P. Ro	driguez		12800 1	Jillow W	ind Circle	e Oxon H	111 Md
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA	Cont.	(TYPE OR PRINT)	140-0000			AD	DRESS			20 XO1128	022, 114.
10	DX 40 F A	23a.B	JRIAL, CREMATION,			23c. NAME OF CEA			23d. LOCATIO	J	COUNTY	STATE
//	BP		Burial		30-79	Md. Vet			Chelt	enham,	P.G., Mc	
	DHMH · 17		NERAL DIRECTOR		Wilheli	4300 5		nd 250. D	REC'D. BY REGIS	THAR 256 REGISTS	AR'S SIGNATURE	ooly
	(VR A15 ME (5)) 15M 7/77	F	uneral H	ome	Rd.,	Suitland	, Md.		- 10			



FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-02467

	REGISTRAR		CERTII	ICAIL OI DEATH	REG NO	00 0 6	, , ,				
	DECEASED NAME FIRST	MIDDLE		AST C	20 DATE OF DEATH		YEAR	26 HOUR			
	BONNIE BONNIK	L.		VENTERS		1 14	79	9.184			
3 5		4 RACE	5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY] IF U	INDER I YEAR	IF UNDER 24 HRS			
	Female	Caucasian	Feb	. 16°° 190°6°	72	YRS	THS DAYS	HOURS MIN			
70 E	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	16 CITIZEN OF WHAT COUNTRY	? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH				
5	Maryland	U.S.A.	WIDOWE	DIVORCED [	PRINCE GE	ORGE'S	COUN	TY M			
10 0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	T ADDRESS]		(TYPE OF WORK FOR MOST O	F WORKING LIFE)	INDUSTRY	OF BUSINESS O			
ÜŚI	UAL RESIDENCE UP NURSING HOME OR	PRINCE GEORGE	S GEN	HOSPITAL	Waltoress	- nesu	uran (	, -			
2		Geo. Brentwo		13d INSIDE CITY LIMITS? YES X NO		th St.					
14 F	FATHER'S NAME FIRST	AIDDLE LAST		15. MOTHER'S MAIDEN NAM	ME MIDDLE		_ IA				
4	Allen	Lyon		Emma			'asker				
	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SEC WAR OR DATES)	URITY NO.	17 INFORMANT	ADDRE	55 5672-	Lande	ver Rd			
	No -	577-28-	9144-A	Thomas D.Jo	nes - Hwat	tsville		7 01 1,00			
		ly ane cause per line for ia , ib , o	pd ic L		-11			IMATE INTERVAL			
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10) Carlow Byshile										
	41999	DUE TO, OR AS A CONSEOL	IENIZE OP	/		50.75					
	Conditions, if ony, which	( DOE TO, OK AS A GONSEON	Lille	a motor	rent in						
	gove rise to immediate cause (a), stating the	) 0,		,		7	197				
	underlying couse last.	DUE TO, OR AS ACONSEOU	JENCE OF	an Tax	· 00001						
	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT PELATED TO THE TERM	IN AL DISEASE OR CONI	DITION CIVEN	INI PART 1/				
Z		75	DEATH BOT	NOT KEENTED TO THE TERM	INAL DISEASE ON COM	THON GIVEN	RAPARITO				
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES, W	ERE FINDI	NGS USED			
3 5				TO THE OWNER		IN CERTIFYIN	G CAUSES	OF DEATH?			
4 5	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		21c. HOW INJURY OCCURR	YES NO	YES [		ио 🗌			
		LIGHT AND MONTHS -	AY YEAR	THE HOW HAJOR! OCCORR	CED (ENTER NATURE OF INJUR	TIN HEM 18, PART	ORPARI 2)				
S	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		THE PARTY NAMED IN						
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE			
1	AT WORK NOT WHILE AT WORK			70			-20				
		ral) attended the deceased from	70	19/		24, 19.	//	that (I) (we) I			
	saw the deceased olive on, obove, (1) (me) did (did not	view the had other death	7 , or	nd that in (my) (aur) apinion o	death occurred on the do	ate and hour or	nd from the	couses stated			
	226. SIGNATURE	()		DEGREE			220 DATE	SIGNED			
	Thomas	Lenter		ATTENDING PHYSICIAN	MEDICAL STAP	IAN [	1-11	1-79			
	22d. PHYSICIAN'S NAME (TYPE OF	RRINA		22e. ADDRESS	J DIRECTOR   TITTOR	all		0 0			
	1-thomas	7		126 12 Ca	> 1.	1011	1/20	11/0			
22	- Ihomas 1	To all	NIAME OF C	ENETTEDY OR COLLEGE	Trad LOCATION	100	W 00	100			
230	BURIAL, CREMATION, REMOVAL  (SPECIFY)  Burial			emetery or crematory coln Cem.	23d. LOCATION CITY OR TOWN	Dan Cou	YTAL	STATE			
-		1/11/17	· U.LLI	COIN Cem.	Brentwood			Md.			
24 F	FUNERAL DIRECTOR Nall	ey's Funeraloress	Mt.Ra	inier, 250. DATE	NEC'D BY REGISTRAR	25b. RECISTRAF	SSIGNAT	Cready			
	Home	e Inc.	Inc		6161 010	/	/	7			

DHMH - 16 60M 1/75 (VR A 15 (4))

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	an - apresi				
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61-11-E					

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME (TYPE OR PRINT) ESTI-Irene. DEATH MATED TO Vovtko Irma 4 RACE 6 AGE (IN YEARS | IF UNDER 1 YR. 3 SEX 5 DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED DEAD Female. White To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY) Prince George's County, MD. WIDOWED DIVORCED HUNGARY OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Sales of Lady Woodward Nahid Cheverly Prince George's General Hospital 13g STATE 13b COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Prince George. Hvattsvilles NO D 1801 Drexel St. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE John Vovtko LAST LAST FIRST Maria Rapp. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT Not Available Karl Hohensee. I (IF YES, GIVE WAR OR DATES) No. Nephew 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hemorrhage ulcerated varix of leg IMMEDIATE CAUSE (a)-DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last CREMATION, O PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL, YES X NO [ 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE Autopsy 226. I certify that I taak charge of the remains described above, held an ond in my opinion Inspection Natural causes X death resulted frame Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) 2/2/79 ACTUAL PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, N BALTIMORE, MA Assitant DATE SIGNATURE. MEDICAL EXAMINER EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn Street (TYPE OR PRINT) STEAR 25% REGISTRARIS SIGNATUR **DHMH - 17** (VR A15 ME (5)) 30M 7/73

STATE OF MARYLAND

			STATE OF MARYLAND	
The same	8		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 70 - 0 2	460
			REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH & Sec. N. 4	403
			ECEASED NAME FIRST MIDDLE LAST 26. DATE KNOWN 77 MI	ONTH DAY YEAR 26. HOUR
	1. 85 R. J.	(TYP	YPE OR PRINT)  OF ESTI- DEATH MATED   /	-4 1979 M
	A C C C C	3. SEX		ONTH DAY YEAR 24 HOUR
	N S H S	F	Emale Black 3 10 13 65 YRS. MONTHS DAYS HOURS MIN PRONOUNCED / -	4 1079 PM
	SSA RAL HIN Y KAL		BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 19. BALTIMORE CITY OR CO	OUNTY OF DEATH
	NECE FUNE S FO	S	Touth Carolina USA WIDOWED DINORCED DINORCED DINORCED	62950 MD.
	PAGE 5	1970	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF V	VORK 1/12b. KIND OF BUSINESS OR INDUSTRY
	IF ANY DELAY IS  AND 3 TO THE IS  SHOULD BE PHED  RECORDS, 301, V	-	Housewife	
5	ANY DEL	USUA Box 8	JAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATE   136 OUNTY   136 OUNTY   138. STREET ADDRESS   138. STREET ADDRESS   139. STREET ADDRESS   130. INSIDE (ITY LIMITS?   138. STREET ADDRESS   130.	
21201	A S S S S S S S S S S S S S S S S S S S	46	by land find (reages fairment 1915, YES NO 6011 2. STAR	er
MD.	H. A.A.	14. FA	FATHER'S NAME  FIRST  MIDDLE  LAST  15. MOTHER'S MAIDEN NAME  FIRST  MIDDLE	LAST
	GES I		Charlie Reeves Lillie	Ha11
WO.		160. V	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT Daughter ADDRESS (YES, NO, OR UNKNOWN) 1 (15 YES, GIVE WAR ORD ATES)	Fairmount
BALTIMORE,	SIGHT	41	No   577-50-3663 Juanita Bager - 6011 L	St. Hats, MD
			18. CAUSE OF DEATH (Enter only ane cause postline far (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1ST.	V 24 HOL I ITEM 18 ALONG ' PERMIT, PERMIT, I PERMIT,		PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) LE DE LE CONTENTO SE LEVO FO PUPPER PEN SIUS O	assese
PRESTON	~ 1 ~ 1	1	2500 ( DUE TO, OR AS A CONSEQUENCE OF	
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*	ENTAL FEMOLI AMINE TRAN ENTAL REMO		gove rise to immediate (b)	
3017	N PEN EXAM EXAM RIAL-TR		lying cause last.	
		3.99	(c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a),	
RECORDS,		NO		
REC	HOULD BE ENDING THE MEDINGED AS A DEFENDEN AS A LUCKEMATH	CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
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0	O ₹ O ₹ O	ALC	UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	
Sio	EGLIAS	MEDICAL	216. INJURY OCCURRED 210. PLACE OF INJURY (ATHOME, 21f. LOCATION	
DIV	ARDED ARDED (GE 3 STE DEF	¥		COUNTY STATE
	T ST A T Z			
				my opinion
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	EX AA CERT JID I DIRE WITH ARYL		ACTUAL ACTUAL SPECIFY)	NATE 1-7 MO
X	SHO SHO MATH, ME, MATH, ME, MATH, ME, MATH, ME, MATH, ME, ME, ME, ME, ME, ME, ME, ME, ME, ME		SIGNATURE MEDICAL EXAMINER	IGNED 7
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, V BALTIMORE, MA		TYPE OR PRINTI AUGUSTO P. RODRICHUZ ADDRESS 2 800 Willow Wind Cive	G. Oxen HIII
2	EXEC PAG TO P	23a.B	BURIAL CREMATION REMOVAL 236. DATE 234 NAME OF CEMETERY OR CREMATORY CITY OR TOWN	JUD 2 VILLE
50	O CRO	Bi	Surial / 1/10/79/Maryland/National Laurel, Mary	
	DHMH - 17		FUNERAL DIRECTOR JATE REGISTRAR 256. REGISTRA	AR'S SIGNATURE
	(VR A15 ME (5)) 15M 7/77	1 5	Stewart Funeral Home-4001 Benning Road, NE.	
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REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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DIVISION OF VITAL RECORDS,

STATE OF MARYLAND

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STATE OF MARYLAND

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PEESSARY, PLEASE DIRECTOR. POR FILES. WITHIN 72 HOURS		RTHPLACE (S	STATE OR	76 CITIZEN OF W	HAT COUNTI	RY? 8.	MARRIE	NEVER MA	ARRIED [	9 BALTIMOR	CITY OR COL		ATH	
W N N		Md		11	). V+		WIDOWE	1	DRCED	pine	-	ils.		MD.
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304 800	100	175V1/	18	82031	Munki	nk Lo	1		14	euscu	ite	~		
A AIP		TATE /	(IF IN NURSING HOME OF		13c. CITY C			3d INSIDE CITY LIMITS	S?   13e. STI	REET ADDRESS	/ / -			
AND AND SHOULD S		mu	P	6.	Belg	ts V1/10	0	YES NO	0 82	03 HUIR	Kink R.	d		
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RE, MD. 2 S DEATH. GES 1, 2, RM PM 3 AND 2 S OF VITAL		-	c u	Phhen				-HMI	sky V	Model	er			
BALTIMORE, MD. URS AFTER DEATH COME PAGES 1, WITH FORM PM PAGES 1 AND 2 DINISION OF WITA		VAS DECEASE	DEVER IN U.S. ARM		16b. SOCI	AL SECURITY		7. INFORMANT			DDRESS			
URS AFTER URS AFTER WITH FOIL PAGES IDDIVISION		No	N	unp				George ?						
		18 CAUSE C	OF DEATH (Enter and	ane cause per	ne for (a), (b),	and (c).)		card	1 , 2/		.) Lis	APPR BETWEE	OXIMATE INT	ERVAL ID DEATH
W. PRESTON ST., D WITHIN 24 HOL MORTIL IN ITEM IS AMINER ALONG -TRANSIT PERMIT REMONAL.		1 / ARTIU	IMMEDIAT					- Uara	u vo	es eace	Vaci	un		
STO PIE	100	4	4 (3)	DUE TO, O	R AS A CONS	EQUENCE OF								
PRES WITH INER TAL H MOV,		gave r	ins, if any, which ise to immediate	(b)										
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m = . = e = .				(c)										
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ULD BE INPENDING FE MED SED AS A HEALTH	1 6			T								- In-	-000000	
PIO OF VITAL REPETED SHOULD THE WORD "PER O THE CHIEF A OULD BE USED OULD BE USED TO BURLAND CREATED SHOULD	MEDICAL CERTIFICATION	190. DATE O	FOPERATION	19b. COND	ITION FOR W	HICH OPERA	IION WA	S PERFORMED?					TOPSY?	
OF VITAL  ATE SHO  THE CHIE  THE CHIE  TO BE US  AENT OF  BURIAL	=	al. CVTERN	AL CALIFE WAS	21b. TIME C	SE INTILIBAT		In. un	W INTUINV OCCU	IDDED CONT	A LIVE OF BUILDING	n. 100 10 0 1		s 🗆 ı	NO []
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ISION OF VI	S	CONTRIBUT	ING CAUSE OF D			19	21f. LOC	ATION						
BIVISIO S CERTIF RITING 1 RDED TO SE 3 SHO TE DEPAR	ME I	21d. INJURY WHILE	OCCORRED	STREET FA	OF INJURY CTORY, FARM, ETC			REET		CITY OR TOWN		COUNTY		STATE
E. THIS OF WAIT		AT WORK	NOT WHILE C											
FORY FORY PO 21		22a. I cert	rify that I took charge	e of the remains d	scribed abav	e, held an	Autopsy	, , Inspe	ection ,	Inquiry 4	, and in m	ny apinian		
EXAMINER: CERTIFICATE UID BE FOR DIRECTOR: ARYLAND, 2	13	death resul	ted fram: Natur	al causes .	Accident	, Suici	ide .	Homicide	Unde	etermined mann	er,			
EXA CERT DILD DIRE WIT ARYI		ACTUAL	Den	100	Lide	41101		TITLE (SPECIFY	()			ATE /	11.	70
AL HE CHALLE	1	ACTUAL SIGNATURE	Might	341.1		Y	M.[	Deputy	ME	DICAL EXAMIN	ER SH	GNED -	11.	7
MEDICAL EXAMINER: CECUTE THE CERTIFICATE, GE 4 SHOULD BE FORT. FINERAL DIRECTOR: PREDETH, WITH THE STRONG MANY		EXAMINER'S	NAME AUGUST	O P. ROI	RIGUEZ	M.D.		1200	00:11	112 2	01-1-1-	M		
S G G G G G G G G G G G G G G G G G G G		EXAMINER'S (TYPE OR PR						DDRESS 1280		311	20825	,Tanta	11on_	
~ 9 3 3 3 3 S	2300	URIAL, CREMA	ATION, REMOVAL 2	3b. DATE	23c. N	AME OF CEMI	ETERY OR	7	23d. L	OCATION	11 1	COUNTY	STATE	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN MONTH (TYPE OR PRINT) ESTI-JOAN. WASHINGTON DEATH MATED SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED female negro 9 9 DEAD 36 1979 To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED Prince George's VA County USA WIDOWED DIVORCED IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LIVES OF WORK 1126 KIND OF BUSINESS Benning R. FOR MOST OF WORKING LIFE) OR INDUSTRY Coral Hills None BE Cook USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13c. CITY OR TOWN 130 STATE 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Coral Hill NO [ YES T 1226 Benning Rd 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME TA O MIDDLE LAST MIDDLE FIRST LAST AND Unk Mollie Unk Jordan 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO ADDRESS YES, NO, OR UNKNOWN) Connie Washington, 4800 Alabama Ave. 579-50-6115 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL D. C. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Gunshot wound of chest IMMEDIATE CAUSE (a)-DUE TO, OR AS A CONSEQUENCE OF OR REMOVAL Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION. O PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [0]. CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF TO BURIAL, DEPARTMENT O YES X NO [ 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH UNDERLYING AOR MEDICAL Shot by assailant. CONTRIBUTING CAUSE OF DEATH PRIOR 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) 1226 Benning Rd. Coral Hills WHILE AT WORK Prince George Md X PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE SBALTIMORE, MARYLAND, 2 220. I certify that I taak charge of the remains described above, held an Autopsy. Inspection Inquiry and in my apinian X death resulted from: Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL Assistant SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial Landover. 1-10-79 Md. Harmony Memorial Pk 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE **DHMH-17** John T. Rhines Co., 3030 12th St. ADDRESS (VR A15 ME (5)) 30M 7/73

. to the terminal principal of the same

DHMH - 16 50M 7/77 (VR A 15 (4))

FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02477

-		REGISTRAR				CERTIF	ICATE OF DEAT	TH	REG. N	10.		
		CEASED NAME OR PRINT)	FIRST		E.	WESTO	VER		20. DATE OF DEATH	MONTH	28-79	26. HOUR 4:14 P _M
	3. SE	Female		4 RACE		S. DATE C	DAY	YEAR	6 AGE (IN YEARS LAST BIR		MONTHS DAYS	IF UNDER 24 HRS
15		RTHPLACE (STATE OR FO			WHAT COUNTRY?	8	D NEVER MARK	RIED 🗆	PRINCE GE	_		MD.
14	Ch	TY OR TOWN OF DEA HEVERLY		PRINCE	"GEORGE"S	GENE	RAL HOSPI		126. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF EXEC . HOUSE	OF WORKING	LIFE) INDUSTRY	pital
5	130. S Ma	ryland	13b COUN		GIVE RESIDENCE BEFORE 13c CITY OR TOW  Riverdal	N	13d. INSIDE CITY L YES 🕞 NO			rdale	Rd. Ap	t 233
00	14 FA	THER'S NAME FIRST George		MIDDLE	Rhodes		15. MOTHER'S MA	innie	WIDOLE		McCleT	Ian
1		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  NO 170-12-7462A June Chalk-Veach (dau) same as									as above	е
2	CERTIFICATION		which mediate in the last.	DBY: TE CAUSE (a)  DUE TO, OI  (b)  DUE TO, OI  (c)  CONDITIONS CO	Cardiac  RAS A CONSEQUE  RAS A CONSEQUE  A HERO SCLE  DITRIBUTING TO I  CLESS II ; S	ENCE OF ENCO.	eard ours	cular cular the terminen CVI	disease or con  A : Cacheria  ZOO AUTOPSY?  YES   NO DO	20b. IF YI IN CERT	3 mc	NGS USED
9	MEDICAL CER	218. ACCIDENT WAS UNE OR CONTRIBUTING GO (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR! WHILE NOTIFY AT WORK NOTIFY AT WORK 228.1 certify that (1) sow the decease above, (1) (we) (c 22b. SIGNATURE 22d. PHYSICIAN'S NA	CAUSE OF DE. AL EXAMINER) RED HILE (this hospi ed alive on did (did no	21e PLACE (AT HOME, STR	M. MONTH DAY YEAR M. 19 OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)  THE deceosed from 1/23 The deceosed from 1/2		211 LOCATION STREET  3 10  dd that in (my) (our) DEGREE PHYS  22e. ADDRESS	opinion di	city or to  to  MEDICAL  DIRECTOR   PHYSI	wn late and ha	county  19 79  our and fram the  22c. DATE  1/25	SIGNED 79
1	73n B	Margeri JURIAL, CREMATION,			23, 1	NAME OF C	Family EMETERY OR CREM		H Center, PGI	6H, C	heverly, 1	1(a. 20)85
NE	{5	Burial  JNERAL DIRECTOR	REMOVAL	Feb 2			ew Cemete		Snyder Ty	wshp	Blair	Penna
		Francis Ga	sch's	Sons, P	A Hyatts	rille,	Md.	F	REC'D. BY REGISTRAR EB 1. 1979	Ju. KLG	intry /	tready

1.1		e. wits tow	TARY	
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Puga . No. In which			atom .co.	ha - mar
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH! REGISTRAR DECEASED NAME 20. DATE KNOWN 2b. HOUR TYPE OR PRINT OF DEATH MATED SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE DAY LAST BIRTHDAY PRONOUNCED Caucasian9-28-1914 64 DEAD Male YRS FOR YC 7g. BIRTHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. WIDOWED [ DIVORCED Wash. D.C PAGE S E FILED, 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE 2, AND 3 TO 3. RETAIN PA SHOULD BE F Quality Assurance Rep. U.S. Gov Hosp. Of Pr. Geo. RECORDS. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13o. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Geo New Carrollton YES X 6102-86th Ave NO [ DIVISION OFVITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME PA. MIDDLE FORM PM FIRST LAST FIRST MIDDLE LAST Richard B. Wheeler Annie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? HELEN P 8641 AUE 16b SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) I LIF YES, GIVE WAR OR DATEST GRROLLTON No Wheeler Md. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HYGIENE DUE TO OF AS A CONSEQUENCE OF BURIAL-TRANSIT Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 ED AS A selivases CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? O BURLAI YES [] 3 SHOULD DEPARTMENT C PRIOR TO BURL NO X BE 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK PAGE STATE 220. I certify that I took charge of the remains described above, held an DIRECTOR Autapsy and in my apinian death resulted from: Natural couses Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, 2 SIGNATURE Deputy MEDICAL EXAMINER R DEATH 12800 Willow Wind Circle, Oxon Hill. EXAMINER'S NAME Augusto P. Rodriguez (TYPE OR PRINT) 23a BURIAL CREMATION REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Ft. Lincoln Cemetery Pr. Geo . Md. Buria. Brentwood 250. DATE REC'D. BY REGISTRAR 24 FUNERAL DIRECTOR Robert G. Beall Funeral Home 125b. REGISTRAR'S SIGNATURE **DHMH-17** progray/Hickready (VR A15 ME (5)) 9013 Annapolis Rd. Lanham, Md. 15M 7/77

STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) Ralph Howes Wheeler 01 - 21 - 7910:35A * RACE White 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR IF UNDER 24 HRS Male Dec. 2, M.914 YEAR 64 Ja BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland IISA Prince George County WIDOWED DIVORCED XX 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE GTAVEDINGET (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS INDUSTRY Laurel Greater Laurel Beltsville Hospital cemetery UDUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Howard 136 CITY OF TOWN 13d INSIDE CITY LIMITS? 3. Alege Acommercial Street YES M NOF 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME William Norris Wheeler Mary Elizabeth Davidson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213 09 7994 Elnora Wheeler same as above ves APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) MYCHARDIAL INFARCTION mIN. DUE TO, OR AS A CONSEQUENCE OF ARTHYOSCIERCTIC CHEDIOVASCURING OWERSE YRS. Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 CHAMIC OBSTRUCTIVE LUNG BUEASE 190. DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [ YES T 216. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 OR CONTRIBUTING T CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from 12.26.78 1.21.79 sow the deceased alive on_ ond that in (my) ( pinion death occurred on the date and hour and from the causes stated obove, (I) (well (did not) view the body ofter death. 22h. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL MD. 1.22.79 PHYSICIAN DIRECTOR PHYSICIAN 12d. PHYSICIAN'S NAME (TYPE OR RINT) 22e. ADDRESS the st Thoburn A. Dadisman M.D. 5999 Harpers Farm RD Col Md 21044 0 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23s. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY Burial Savage, Maryland STATE Jan. 24,1979 Savage Cem BP FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/73 (VR A 15 (4))

1-	FOR Items 18b&18ps	ert 2 DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL H	YGIENE 7 0	02480
1.0	REGISTRAR B11mG530 4/	19/79MEDICAL EXAMI	NER'S CERTIFICATE O		
	YPE OR PRINT) Esthe	er Mae	White	OF ESTI- DEATH MATED	
3. SE		DATE OF BIRTH VEAR LAST BIRTH 12 - 19-38 40		24 HRS. 2c. DATE PRONOUNCED DEAD	1 25 19 79 6:00 p. M
		. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIE	9 BALTIMORE CITY	OR COUNTY OF DEATH
1	West VA	U.S.A.	WIDOWED DIVORCE	Prince	George County MD.
	Cheverly	NAME OF HOSPITAL, NURSING HOMES OF THE PRINCE George Ho	spital	120. USUAL OCCUPATION (T FOR MOST OF WORKING LIFE) Retired	YPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
13a	STATE 136 COUNTY	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS 13c. CITY OR TOWN 15c. CITY OR TOWN	13d. INSIDE (ITY LIMITS? YES NO	13e STREET ADDRESS 6816 Wilbu:	rn Drive
14. F		AIDDLE LAST	15. MOTHER'S MAIDER	N NAME MIDDLE	LAST
	William WAS DECEASED EVER IN U.S. ARMED	T. Clayton		6016 196038	Covington
100:	(YES, NO, OR UNKNOWN)   IF YES, GIVE WAR	232-64-8			urn Drivé, Capito and-Heights, MD
-	18. CAUSE OF DEATH (Enter only o	ine cause per line far (a), (b), and (c).)	747   Dames K.	WIIICE-HUSD	APPROXIMATE INTERVAL
	PART I DEATH WAS CAUSED BY	Right int	racerebral hemat	toma	BETWEEN ONSET AND DEATH
	430-	DUE TO, OR AS A CONSEQUENCE	OF		
	Canditions, if any, which gave rise to immediate	(b) Mycotic Aner	rvsm		
	cause (a) stating the under- lying cause last.	DUE TO, OR AS A CONSEQUENCE			
Z		TRIBUTING TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN IN PAR	T 1 (e).	
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OP	RATION WAS PERFORMED?		20(HEADY? ONLY)
TIFIC					YES KI NO [
		21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA	21c. HOW INJURY OCCURRED	) (ENTER NATURE OF INJURY IN ITEM )	8 PART 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		(He af the remains described above, held an	Only Inspection	. Inquiry	and in my apinian
	death resulted fram: Natural o	causes X, Accident ,	ovicide . Hamicide .	Undetermined manner	
	ACTUAL SIGNATURE Virginie	= LDolan 1D	M.D. Assistant	MEDICAL EXAMINER	DATE 1/27/79
-	EXAMINER'S NAME Virgi	nia L. Dolan, M.D	ADDRESS 111 P	enn St., Balto	o., MD 21201
23 a. l	BURIAL, CREMATION, FMOVAL 236.		EMETERY OR CREMATORY	13d. LOCATION	COLINTY STATE
24	Burial 1	-30479 Arling	ton National C	emetery, Ar	
,	NAME TO WWW	ADDRES CLU	ari	FFB 1 1979	SISTRANS SIGNATURE
S	stewart/Funeral	Home-4001 Beni	ning Rd., NE		

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injury, or other froumotic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows ony

Suitland

Maryland

STATE OF MARYLAND

79-02481

	1-	FOR STATE REGISTRAR	DEPA		CATE OF DEATH	L HYGIENE	79-0 REG. NO.	2481	
		CEASED NAME FIRST	WIODLE	Ü	NST .	2a. DATE	OF DEATH MON	ITH DAY YEAR	26 HOUR
	,	LLOYI	Α.	WH	ITE		0:	1-13-79	9:40AM
	3 SE)	Male	4 RACE	5 DATE O	DIV WELF		IN YEARS LAST BIRTHDAY		IF UNDER 24 HRS
		Marc	Cauc.	Oct	2 9 189	9 79		MONTHS DAYS	HOURS MIN
	0.0	RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTI	MORE CITY OR C	OUNTY OF DEATH	
/	Wa	shington DC	USA	WIDOWEI			N E GEORG	GE'S COUNT	MD.
,	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI		ROTHER INSTITUTION	N 12a USU	AL OCCUPATION	12h KIND C	OF BUSINESS OR
-	C	HEVERLY	PRINCE GEORG	E'S HOS	PITAL	Pri	nting C	FC US G	ov't
1	113n C	AL RESIDENCE (IF NURSING HOME OF ATATE 136, COU	R OTHER INSTITUTION, GIVE RESIDENCE B	EFORE AOMISSION)	124 INICIDE CITY HAVE	TS? 135 STRE	ET ADDRESS	n Place	
y.		THERS NAME	Geo hitito	Lest II	YES NO D		o Kento	II Place	
4	IN FA	Alonzo	White	9	Rose	NINAME	WIOOFE	Bracke	tt
		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL S	ECURITY NO.	17 INFORMANT	10000	ADDRESS		
		No No	577 5	8 1094	AFanny L.	White	Same	as #13	
1		18 CAUSE OF DEATH Enter of	nly one couse per line for (a), (b)	, and ic			44	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
١		PART I DEATH WAS CAUSE	TE CAUSE 10) mel	catate	a care	chima	of lule	una mi	enthe
1		1629	DUE TO, OR AS A CONSE	OLIENICE OF					
1		Conditions, if ony, which	( )b)	OULINCE OF					
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	OLIENICE OF	4				
		underlying couse lost	DOE TO, OR AS A CONSE	OULINCE OF					
ľ		PART 2_OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE			ON GIVEN IN PART 1	0
	CERTIFICATION	Nikhites:	mellelas	Corer	race plans	tdese	0		
	CAT	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION	WAS PERFORMED	20a A	JTOPSY? 201	FYES, WERE FINDS	NGS USED
1	TIFE					YES [		YES [	NO [
7	CER	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c, HOW INJURY O	CCURRED (ENTER	NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)	
	CAL	OR CONTRIBUTING CAUSE OF DE	AIII	19					
9	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE FARM FTC )	211 LOCATION STREET	1 - 1	CITY OR TOWN	COUNTY	STATE
9	2	AT WORK NOT WHILE AT WORK							
d			ital) attended the deceased fro		. 19_	79, to_	1-1		that (I) (we) lost
		sow the deceased alive or above, (1) (we) (did) (did no	ot) view the body ofter death.	977,000	d that in (my) (our) op	inion deoth occu	irred on the dote o	and hour and from the	couses stoted
		22b. SIGNATURE	1	C	EGREE			22c. DA/E	SIGNED
		Davin	m. Hola	ma	PHYSICI	AN DIRECT	AL STAFF OR PHYSICIAN	1/13	179
		22d PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS			,	
		DAVID M. G					RD HYAT	TS. MD.	
	23a. B	URIAL, CREMATION, REMOVAL			METERY OR CREMAT	CI	OCATION TY OR TOWN	COUNTY	STATE
	24 51	Burial			coln Cem.		adensbu		yland
	Z4 FU	NAME ROBert I		neral E	Home 250	AM 1 1	1070	GISTRAR'S FIGNAT	UKE
		Suitland	Maryland		1	HILL	13/3	9171100	7

DHMH - 16 60M 1/75 (VR A 15 (4))

FOR - STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

79-02482

250. DATE RECD. BY REGISTRAN 256. REGISTRANS SIGNATURE

	REG. NO.													
	I. DECEASED NAME FIRST			'A JEZ		WHITE		20. DATE OF DEATH MONTH DAY YEAR			2b. HOUR			
L	(TYPE OR PRINT) RIT		January 14, 1979					79	1:25p. _M					
3	Female '			Caucasian		S. DATE OF BIRTH Augnth 21 1928		6. AGE (IN YEARS LAS	BRTHDAY)	IF UNDER I YEAR				
								52	MONTHS DAYS	NTHS DAYS HOURS MIN.				
70		THPLACE ISTATE OR FO	OREIGN	76 CITIZEN OF WHAT COUNTRY?		8. MARRIED TO NEVER MARRIED		9 BALTIMORE CITY OR COUNTY OF DEATH						
h	Pewha,			U.S.A.		WIDOWE		Prince George's						
0		city or town of death anham		II. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A DOCTORS HOSPITA				120 USUAL OCCUP (TYPE OF WORK FOR MC Supervis	ST OF WORKING		of Business of inting			
Ü	JSUA	L RESIDENCE (IF NURS	ING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)			100					
	Maryland P.G			N. Carrol		Iton   136. INSIDE CITY LIMITS?		8512 Oliver Street						
14	4 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME						
Ĉ	John			Jez			Elizabeth				Triscik			
16		AS DECEASED EVER					17 INFORMANT	RMANT ADDRESS						
	(1)	es, no or unknown)	(IF TES, GIVI	WAR OR DATES) 209- 16- 7201 Arthur White, Jr. Same as # 13						13				
F		18 CAUSE OF DEAT	H (Enter or	ly one couse per	line for (a), (b), and	d (c)()				APPRO) BETWEEN	ONSET AND DEATH			
		PART I. DEATH WAS CAUSED BY:												
	3	Million Condition												
	1	Conditions of convention Due to, OR AS A CONSEQUENCE OF The day which												
	Conditions, if ony, which gove rise to immediate													
	н	couse (o), statir underlying couse		DUE TO, O	R AS A CONSEQUE									
		underlying couse lost (c)												
١.	,	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)												
	₽													
	ŏ.	190 DATE OF OPERATION		196. CONDITION FOR WHICH OPERATION WAS PERFORMED				20a AUTOPSY?		ES, WERE FIND!				
	#				Se Cally			YES NO YES NO			NO 🗆			
MEDICAL CERTIFICATION	Ü	210. ACCIDENT WAS UNI		21b. TIME O	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF	NJURY IN ITEM 18	, PART 1 OR PART 2)				
	NA.	OR CONTRIBUTING [ ]		1177	M.	19								
		21d INJURY OCCUR	RED	21e PLACE			211. LOCATION	CITY OF	TOWN	COUNTY	STATE			
	2	WHILE NOT W	HILE C	(AT HOME, ST	REET, FACTORY, OFFICE, FARM, ETC.)		J. Na. E.	CHIONIO			STATE			
		220 I certify that (I)	(this hospi	tol) ottended th	e deceased from_	Our	19.78		1.14	19 79	that (I) (we) los			
		sow the deceased alive on 19 79, and that in (my) (aw) apinion death occurred on the date and hour and from the causes stated												
		obove, (I) (we) (aid not) view the body ofter depth.  22b SIGNATURE  DEGREE  22c DATE SIGNED												
4		ATTENDING MEDICAL STAFF									L4/79			
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				ILLY, M	.D.	/	5804 Baltim	ore Ave.,	Hyatt	sville,	Md. 207			
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DHMH - 16 50M 7/77 (VR A 15 (4)) 24 FUNERAL DIRECTOR

9013 Annapolis Rd. Lanham, Md.

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## STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME MIDDLE LAST 2a DATE OF DEATH MONTH 7h HOUR (TYPE OR PRINT) WINIFRED RACHEL WILBURN JANIJARY 4 1979 . 30P M 3. SEX 4 RACE 5 DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAY IF UNDER 24 HRS IF UNDER 1 YEAR Nov 6, 1919 DAYS HOURS female white 70. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Washington D C USA Pro Georges County WIDOWED DIVORCED [] 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR Octors Hospital of Pro Georges Co (TYPE OF WORK FOR MOST OF WORKING LIFE) G co schools Md Lanham Secretary USUAL RESIDENCE, HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13. STREET ADDRESS Ravenswood Road ro Georges Riverdale 13d INSIDE CITY LIMITS? YES [] NO [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 6:R51 MIDDLE LAST LAST Osia Simms Lottie Davis 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 4804DDRESingfellow St. 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 577 18 1367 SANDRA KIRKLEY Riverdale, Md. 779-8689 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 21a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a | certify that (1) This hospital) arended the deceased from sow the deceased glive on obove (1) (ye) (did) did not) view the body after death and that in (my) our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 220 DATE SIGNED STAFF ATTENDING MEDICAL should be deto with the State [ DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME () YPE OR PRINT) 22e ADDRESS 0 230 BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY 234 LOCATION (SPECIFY) Burial Georges Md Jan 8. 1979 Ft Lincoln Cemetery Brentwood Pro BP 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-16 20M Gasch's Sons P A Hyattsville, Md. (VRA 15, 4) 7/78

2	38	FOR		r			ARYLAND	IVCIENT			
18-1		DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9 - 0,2,4 8 4									
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BALTIMORE, MD. 2 URS AFTER DEATH. 1 URS AFTER DEATH. 1 URTH FORM PM 3. PAGES 1 AND 2.8 DIVISION OF VITAL	Y	ES. NO, OR UNKNOWN)	(IF YES, GIVE WAR O	R DATES)	16b. SOCIAL SECURITY			son)			Avenue #4
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DHMH - 17	24. FL	NAME DIRECTOR	rt E. W:	ilhedms!	Funeral Hom	e In	25a. DATE F	REC'D. BY REGISTR	AR 25b. REGIST	RAR'S SIGNA	
(VR A15 ME (5)) 15M 7/77			-04/5		Suitland, M	ld.		FEB 27	1979	history	Ove Bready

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHY REGISTRAR DECEASED NAME 20. DATE KNOWN 2h. HOUR MONTH (TYPE OR PRINT) ESTI-F. Charlene Williams DEATH MATED FUNERAL DIRECTOR 19 3 SEX White 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. 20475 LAST BIRTHDAY) PRONOUNCED WITHIN 72 I MARKX female. Oct. 195 DEAD 1979 6 25RS P . M b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X PAGE-5.FOR FOREIGN COUNTRY Prince George's Washington, WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 120. KIND OF BUSINESS OR INDUSTRY woods off Spaulding Drive Suitland Unemployed BE RETAIN USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) SHOULD 1136. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 21201 Montgomery Rockville Maryland NO □ 12504 Turkey Branch Pkwy. YESE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MA MINNIE Paula Jöseph Williams DAND OKVII Santiago FORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166. SOCIAL SECURITY NO. ADDRESS DIVISION no unobtainable Joseph E. Williams-father-(same as none CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c). APPROXIMATE INTERVA PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple stabwounds of abdomen DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART | 0 AS A CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL YES X NO [ E 3 SHOULE E DEPARTMENT PRIOR TO BURIN BE 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TO OR HOUR A.M. MONTH DAY YEAR MEDICAL CONTRIBUTING CAUSE OF DEATH found stabbed 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) NOT WHILE STATE 21201 PI AT WORK XX woods/Spaulding Dr. Suiteland, PG County AT WORK MD FUNERAL DIRECTOR: P TER DEATH, WITH THE SI LTIMORE, MARYLAND, 21 220. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian Hamicide X death resulted fram: Natural causes Accident Undetermined manner TITLE (SPECIFY) 1/30/79 ACTUAL Assistant DATE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Ann M. Dixon, M.D. TO ME EXECU PAGE 21201 (TYPE OR PRINT) ADDRESS 0 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE 1979 Metropolitan 250 DATE REC'D BY REGISTRAR BP Alexandria Fairfax PumphreyopressInc 7 **DHMH - 17** (VR A15 ME (5)) 30M 7/73 Ave

STATE OF MARYLAND

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partice of 10 cm.		sow the deceased alive on above, (I) (we) (did) (did no	ot Niew the body ofter death.	17.0	nd that in (my) (our) opinion	death occurred on the date and h	our and from the causes stated
OR AT OR AT DIRECT DORECT DOPPL OF		22b. SUGNATURE			1	/www.	224 DATE SIGNED
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	23a B	URIAL, CREMATION, REMOVAL	1 /20 /70 Ch	AME OF C	cham Vot	236. LOCATION CITY OF TOWN	COUNTY STATE
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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE -

ı	1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	1 9 - U	40	0				
ı		CEASED NAME FIRST	MIDDLE	ı	AST	20. DATE OF DEATH	AONTH	DAY YEAR	2b. HOUR			
	,	LEITA	TRENE	WOO	DARD		01-2		9.35P.M			
1	3 SEX			MONTH		6 AGE (IN YEARS LAST BIRTH						
1	Fe	male B	lack	Feb	28,1914	64	YRS.	. OATS	1.00.5			
X.		DUNTRY		8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	COUNTY	OFDEATH	4 - 4			
1	No	rth Carolina		WIDOWE	DIVORCED [			COUNTY	MD.			
1	10. CI	TY OR TOWN OF DEATH			OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOSLOF	ON WORKING LI	12b. KIND (	OF BUSINESS OR			
					RAL HOSPITAL	Housewife	!					
4	130 S	LE RESIDENCE (IF NURSING HOME OR OT TATE 136 COUNTY Princ	eGeo. Capita.		134 INSIDE CITY LIMITS?				a Ave.			
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	L	ouis Nixon	TAGI		Lucy	Boney			31			
	160 W	AS DECEASED EVER IN U.S. ARME	ED FORCES? 166 SOCIAL SECUP	RITY NO.	17 INFORMANT	1705	Ba	lboa A	Ave			
		No	225-84-	7716	Margaret Ma	ssev/Cani		Høht.	Md.			
ı		18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and	(c)	•	, ,		BETWEEN	ONSET AND DEATH			
ı		PART I. DEATH WAS CAUSED BY:										
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1		underlying cause last.	(c)									
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ı	MEDICAL	21d. INJURY OCCURRED		ARM, ETC.)	211. LOCATION STREET	CITY OF TOW	N	COUNTY	STATE			
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	15	DECIEVA		IAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE			
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		INERAL DIRECTOR	ADDRESS		250. QAE	EC. D. BY REGISTRAR	256. REGIST	PAR'S SIGNA	Creode			
	Ivia	sốn Funeral H	lome 1661 Goo	dhop	e Rd. S.E.	LETTING TO						

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teno	7/20	T.O.Y	in the street
1101- Halboseve	n i Somnaggan Arjmais-		No.

3	5	I l	tems 5.6 g529 3	3/22/79 gj	DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYGI	ENE 70 - 0	2489	
	oth oth	1. DE	REGISTRAR  TEASED NAME FIRST  OR PRINT)  JOHN	MIDDLE		ICATE OF DEATH  AST  BENGA	TO DATE OF DEATH	O1 21 7	YEAR 26 HOUR A
	e 4 moy b	3 SE	male	4 RACE white	5. DATE C	6, 1996 YEAR 1915	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDE	RIYEAR IF UNDER 24 HRS. DAYS HOURS MIN
•	nerolation 7.2 Mount	C	RTHPLACE STATE OR FOREIGN DUNTRY) Olland	76 CITIZEN OF WHAT C	OLINITOVO I	NEVER MARRIED	PRINCE GE		
103	by the further de motified within	10 CI	TY OR TOWN OF DEATH  CHEVERLY	11. NAME OF HOSPITA  (IF NOT IN SUCH FACILITY,  PRINCE GEO!	L, NURSING HOME (		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Machinist	ON 12b WORKING LIFE) IND	KIND OF BUSINESS OR BUSTRY FOOD
BALTIMORE, MARYLAND 2120	filled in hould be	T30 S		NTY 13c. CIT	DENCE BEFORE ADMISSION) Y OR TOWN Idover	13d INSIDE CITY LIMITS? YES NO NO NOTHER'S MAIDEN NAM		orest Ro	ad
MARYL	ompletely ompletely ond 2 s		THER S NAME FIRST Jochus		UAST				
IMORE	on ond con ond con one secon on ond con one one one one one one one one one o		/AS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (IF YES, GIV		38 2100	Marie Lyba	nga Lando	ver, Md.	
T., BALI	physicic on poper emovol.		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE IMMEDIA	inly one couse per line for ED BY- (TE CAUSE (o)	or, ib, and c	zatin se	endal	7	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	the deoth ce the ottending remove corbs emotion, or r	H	Conditions, if any, which gove rise to immediate cause 101, stating the	DUE TO, OR AS A C		Conin	one	(	Omos.
DS, 201 W quires that signed by hen please o burial, cr jury, or oth	quires that signed by Then please to burial, a	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease or cont	DITION GIVEN IN I	PART 1(o
AL RECOR	he low re ion. hos been the prior inche prior nows only inches in	CERTIFICATION	190. DATE OF OPERATION	19% CONDITION FO	OR WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?  YES NO		FINDINGS USED CAUSES OF DEATH?
N OF VIT	SICIAN: 1 ng physic certificate priol-frons centol Hyg litem 18 sl	MEDICAL CE	210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MC	ONTH DAY YEAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR	PART 2)
DIVISIO	ING PHY r ottendi After this os the bu ith ond M orked or	MED	WHILE NOT WHILE AT WORK	21e PLACE OF INJU	DRY, OFFICE, FARM, ETC )	21f LOCATION STREET	CITY OR TOW	N COU	7
	ATTEND: Sspitol or SCTOR: A d for use 1. of Heal		220.1 certify that (1) (this hasp saw the deceased alive are above, (1) (we) Idid) (did no	1/21	oth. 19 79 . or	id that in (my) (our) opinion d	eoth occurred on the do		
	TAL OR by the hor RAL DIRE detoched tote Dep		22). SIGNATURE	form	8	ATTENDING PHYSICIAN	MEDICAL STAF	F	1 2 79
	O HOSPI		NO PHYSICIAN'S NAME ITYPE OF	D. FRAI		6911 Lac	ird-Bow	ie PD,	horrie pul.
60	BPO		upal, cremation, removal Pecify) Burial			coln Cemetery			orges Md.
	DHMH - 16 60M 1/75 {VR A 15 (4)}	24 F	INERAL DIRECTOR F. Gasch's Soi	ns P A Hyatt	sville, Mo	2.50	REC'D. BY REGISTRAR	history!	Ara Brooks

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many of the same o

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 26 HOUR 20. DATE KNOWN ANNIH TTYPE OR PRINTI OF ESTI-6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED May 1914 64 YRS DEAD 7b. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH "Kentucky MARRIED NEVER MARRIED U.S.A. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Prince George General Hospital OR INDUSTRY Cheverly Ret. Baker Bakerv JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) "Maryland 13Prince George 13d. INSIDE CITY LIMITS? 906 Enterprise Road YES 2 NO [ WITH FORM PM 3.
T. PAGES 1 AND 2 SH.
DIVISION OFWITAL R 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AIDDLE Young MIDDLE LAST Curtis Hammounds 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS 578 07 0589 Ada Belle Young Same as #13 CAUSE OF DEATH (Enter only one couse per the for (a), (b), and (c), eno selectro Cardes Vascular distas BETWEEN ONSET AND DEATH F MED AS A BURIAL INAME.
HEALTH AND MENTAL HYGIENE,
THEALTH AND OR REMOVAL. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (Q DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 |01 USED 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURIAL, YES NO DE E 3 SHOULD BE DEPARTMENT ( PRIOR TO BURIA BE 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PM 21e PLACE OF INJURY (AT HOME, 2 If LOCATION STREET, FACTORY, FARM, FTC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an DIRECTOR: Autopsy Inspection death resulted fram: Notural causes Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL TO MEDICAL EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, N BALTIMORE, MA DATE 1-Deputy MEDICAL EXAMINER 12800 Willow Wind Circle, Oxon Hil Augusto Rødriguez EXAMINER'S NAME (TYPE OR PRINT) ADDRESS. 230. BURIAL, CREMATION, REMOVAL 236. DATE 73c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial 1/6/79 Ft. Lincoln Cemetery tery Brentwood P.G.
250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE Francis Gasch's Sons Funcial Home, P.A. DHMH - 17 textre Mc Cready (VR A15 ME (5)) Hyattsville, Maryland 15M 7/77

STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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